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APRIL 20, 2020

SPECIAL REPORT: HEROES OF THE FRONT LINES

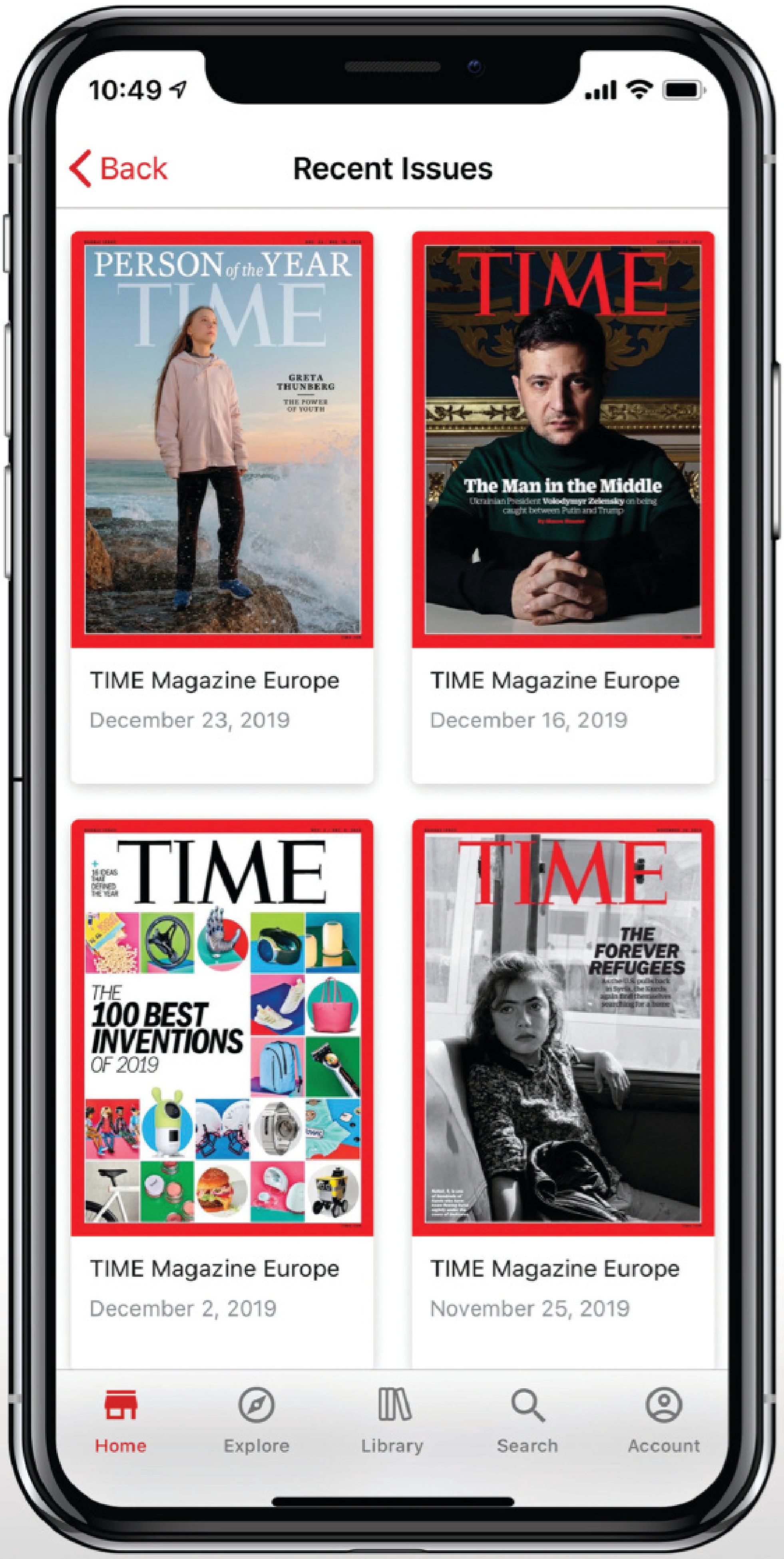
TIME

‘WE MUST GET IT INTO OUR HEADS THAT OUR LIVES HAVE CHANGED’

FRANCESCO MENCHISE

ANESTHESIOLOGIST.
RAVENNA, ITALY

VIEW TIME DIFFERENTLY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Coroner Michael Fowler reports for grim duty in Albany, Ga., on April 5

Photograph by Christopher Morris—VII for TIME

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From the Editor

Faces of the front lines

MOST WEEKS, DECIDING WHAT TO PUT ON OUR cover is the subject of great internal debate. This week, it was simple. TIME reports on the people who shape the world, and the cover often features the most influential among them: heads of state, titans of industry, icons of culture.

Yet today, even the most powerful people in our society are at the mercy of a virus that knows no rank and no title. Though some in politics and business have risen to the occasion, and some countries—like Taiwan and South Korea—have managed to mitigate the impact of COVID-19, many governments around the globe have been on their heels, ignoring years of warnings about the threat of pandemic and then wasting precious time in fighting this virus's spread. Meanwhile, the kinds of international collaboration that have helped lead the world through previous crises are virtually absent.

And so this fight is being waged in large measure by frontline responders, from the medical workers risking their lives to the delivery people and pharmacy employees who aren't able to stay in their homes to the coroners who are confronting wartime body counts. This issue is dedicated to them.

On the cover, we feature five courageous individuals from across different regions. Inside, you'll find their stories and those of dozens more around the world, often in their own words and illustrated with their own photographs. They are what influence looks like today.

While frontline workers face significant danger in their work, reporting alongside them brings its own set of challenges. National correspondent Charlotte Alter spent a shift with Yonkers, N.Y., paramedic Alanna Badgley, and veteran war photographer Christopher Morris documented the overwhelming work of coroner Michael Fowler in Albany, Ga. We also asked photographer turned paramedic Danny Kim to document his harrowing experience over the course of a week responding to likely COVID-19 patients in New Jersey. "I really want our voices to be heard," Kim says. "I want our story to be told from us directly."

With TIME's offices closed, working remotely has presented a host of obstacles, not the least of which includes creating video that is normally made with access to on-site servers and equipment. To accompany this issue, working with creativity and caution, our team created six rich videos told from the point of view of those immersed in the fight against this pandemic. Like the photographs in the magazine, much of the video footage was taken by the people on the front lines themselves. You can watch these videos at **time.com/frontline-heroes.**

WE ARE ALSO PLEASED to launch a new video collaboration between TIME and journalist Katie Couric, who will be interviewing frontline heroes and working with us to cover the health and wellness crisis that we're all confronting together today.

As we put this issue together, our staff also felt it was important to look at what those of us who aren't on the front line can do to help. Of course, the most important thing—as many of the first responders we spoke to reminded us—is to stay at home to slow the spread of COVID-19. But millions around the world are searching for ways to donate their time or money, and so our team has put together a list of charities and causes worth your attention. You'll find them at **time.com/giving.** You can also sign up there to be part of the TIME for Giving community as it grows, and receive periodic updates on ways to give and stories of those deserving support.

I hope you'll join us.

Edward Felsenthal,
EDITOR-IN-CHIEF & CEO
@EFELSENTHAL

SPECIAL REPORT: HEROES OF THE FRONT LINES
TIME
'MY BIGGEST FEAR IS BRINGING IT HOME TO MY WIFE'
'THEY JUST SPREAD IT LIKE WILDFIRE. EVERY DAY THERE'S SOMEONE DYING'
'WE'RE BEING ASKED TO PUT OUR LIVES AT RISK TO FIGHT SOMETHING. I FEEL LIKE I WAS DRAFTED'
'I'M A SERVER FOR LIFE. IT'S AN HONOR TO SERVE THOSE KIDS WHO REALLY NEED IT'
'WE MUST GET IT INTO OUR HEADS THAT OUR LIVES HAVE CHANGED'

ON THE COVERS: FROM TOP: DANNY KIM FOR TIME (TEANECK, N.J.); CHRISTOPHER MORRIS—VII FOR TIME (ALBANY, GA.); LAUREN LANCASTER FOR TIME (YONKERS, N.Y.); ELIZABETH BICK FOR TIME (DALLAS); LORENZO MELONI—MAGNUM PHOTOS FOR TIME (RAVENNA, ITALY)

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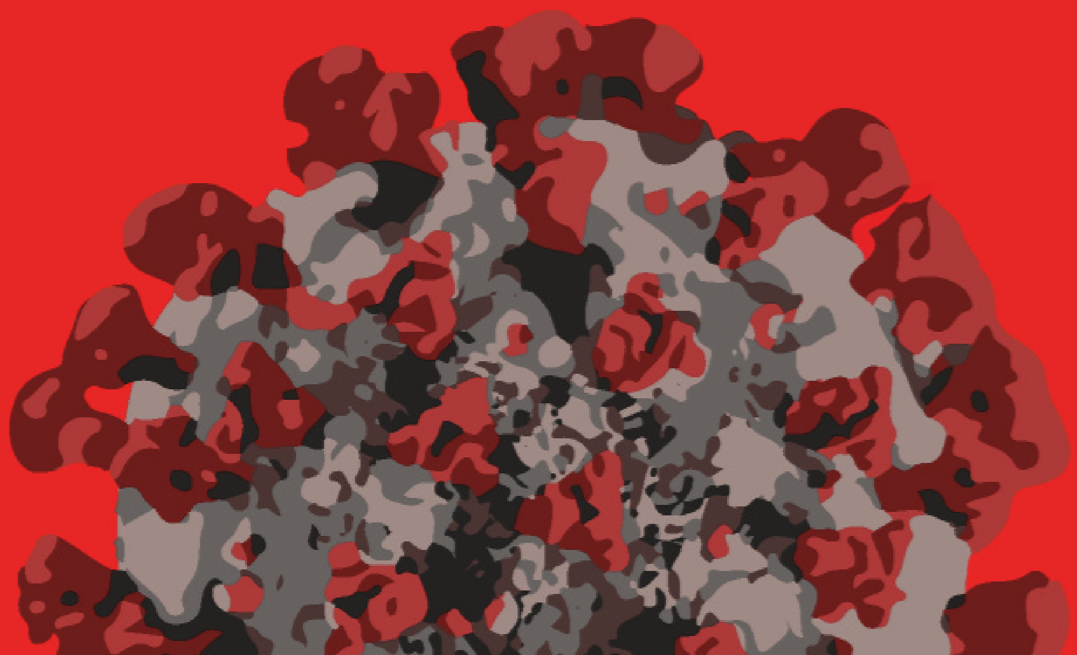
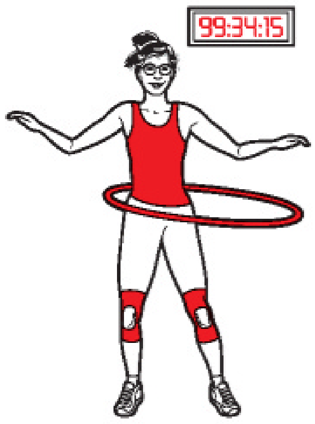


For the Record



100 hours

Longest hula-hooping session; Chicago media reported April 6 that local Jenny Doan's 2019 attempt had been certified as an official Guinness World Record

'We do consider both the Tooth Fairy and the Easter Bunny to be essential workers.'

JACINDA ARDERN,
New Zealand Prime Minister, on April 6—though she cautioned children that it might be difficult for the bunny to get around because of trying circumstances

'BETTER DAYS WILL RETURN.'

QUEEN ELIZABETH II, in a televised speech calling on Britons for unity and collective resolve during the coronavirus pandemic on April 5; the following day, U.K. Prime Minister Boris Johnson was admitted to an ICU for COVID-19

'This is going to be our Pearl Harbor moment, our 9/11 moment.'

DR. JEROME ADAMS,
U.S. surgeon general, in an April 5 appearance on *Fox News Sunday*

221,855 miles

Smaller-than-normal distance between Earth and the moon on April 7, resulting in a bigger and brighter so-called supermoon

'These dedicated sailors deserve better from their leadership.'

TIM KAINE,
Virginia Senator, in an April 6 statement on acting U.S. Navy Secretary Thomas Modly; Modly offered his resignation April 7 after saying that a Navy captain who was ousted from his position for writing a letter calling attention to COVID-19 on his ship was "stupid" or "naive"

GOOD NEWS *of the week*

Texas native Matthew McConaughey guest-hosted a virtual bingo game for residents at a senior-living facility in Round Rock, Texas, on April 5

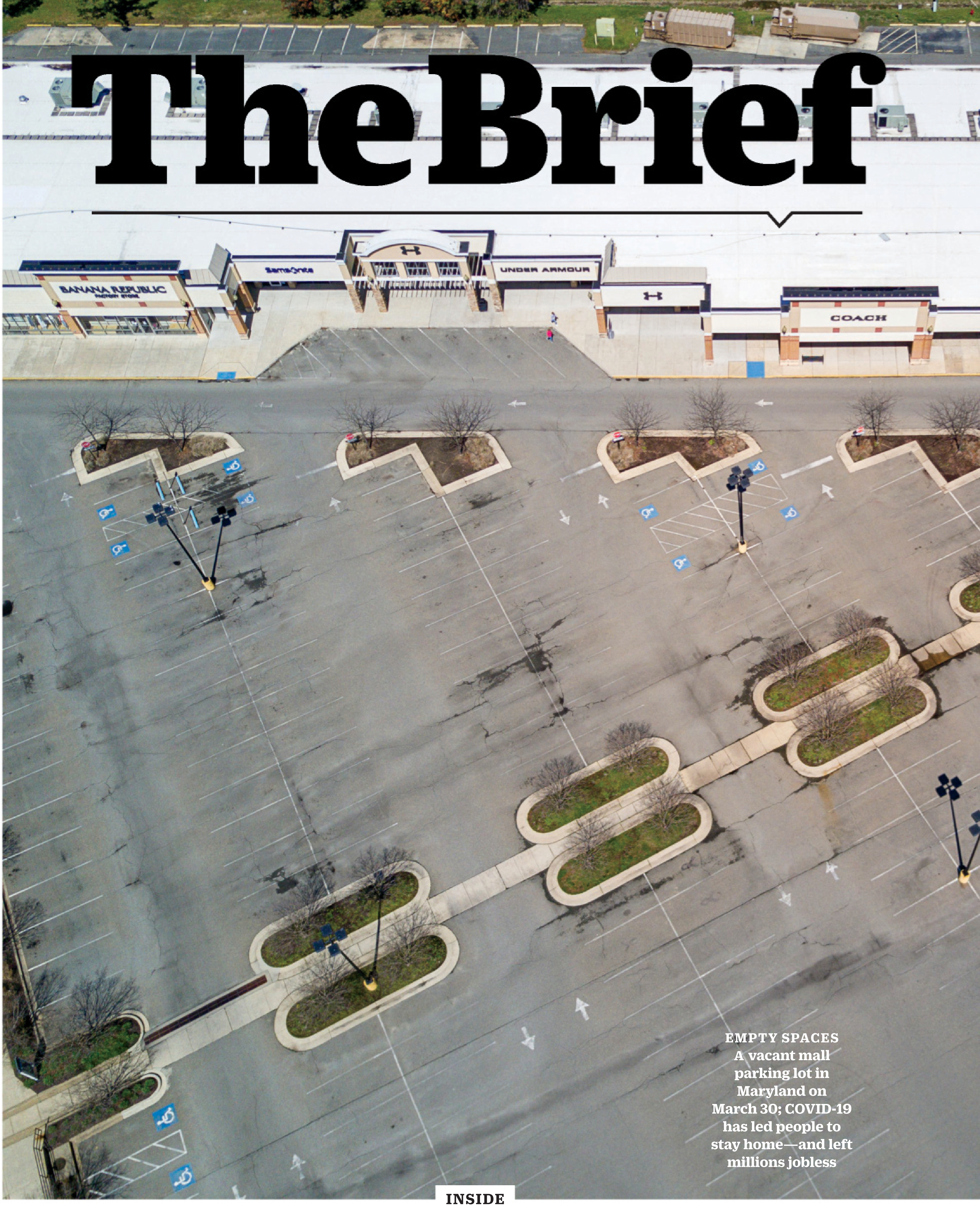
'He has put us in an impossible position by creating a narrative that impedes the protection of people and life.'

JOÃO DORIA,
governor of São Paulo, speaking to TIME about Brazilian President Jair Bolsonaro's continued rejection of scientific consensus on the severity of the COVID-19 outbreak

ILLUSTRATIONS BY BROWN BIRD DESIGN FOR TIME

SOURCES: WTTW; THE TELEGRAPH; AP

The Brief


BANANA REPUBLIC
FACTORY STORE
Samsonite
UNDER ARMOUR
COACH

EMPTY SPACES A vacant mall parking lot in Maryland on March 30; COVID-19 has led people to stay home—and left millions jobless

INSIDE

THE LOCKDOWN IN WUHAN COMES TO AN END

INVENTORS ATTEMPT TO FILL THE VENTILATOR GAP

THE RACE FOR THE WHITE HOUSE, MINUS BERNIE SANDERS

PHOTOGRAPH BY PETER VAN AGTMAEL FOR TIME

NATION

For the newly jobless, relief is hard to find

By Alana Semuels

EMMA CRAIG HAD BEEN A WAITRESS IN New York City for eight years when she found a dream gig singing at a private supper club in December and quit her restaurant job. But COVID-19 shut down the club on March 12. Since then, Craig says, she has been calling the New York State unemployment office, often more than 100 times a day, trying to apply for unemployment benefits. The few times she's gotten through, she's waited on hold—once for 2½ hours—only to be disconnected. When she tries to apply online, the site crashes, the result of an outdated computer system, a problem also plaguing newly unemployed people in other states.

"Getting through to the New York State unemployment office is like winning the lottery," says Craig, 31, who is down to less than $100 in her bank account. Because she couldn't get through, she wasn't even counted as one of the 6.6 million Americans who filed for unemployment benefits in the week ending March 28.

The U.S. economy has been shedding jobs at an unprecedented rate since COVID-19 began tearing through the country, but for the millions thrust out of work, there was supposed to be a silver lining. Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law on March 27, people who lost their jobs are eligible to receive an additional $600 a week in unemployment benefits on top of what they would normally get, and the benefits are extended to people who might not usually qualify, including gig workers, part-time employees and the self-employed. Millions of Americans can also expect a onetime $1,200 stimulus payment from the government.

But because these lifelines are so difficult to access, workers who already had been living paycheck to paycheck worry that their finances will be irretrievably altered by this pandemic, despite the government relief.

"I'm going to be so far behind, and the job market is so barren, that I am not going to be able to make it up," says Craig, who owes $1,200 in rent and fears she may have to leave New York for a cheaper city, just as her career was taking off.

1,053%

The percentage increase over the previous week in number of people who filed initial claims for unemployment in the week ending March 21

$372

The average weekly unemployment benefit, before CARES Act supplemental payments

378,908

Number of people in Pennsylvania alone who filed initial claims for unemployment in the week ending March 21

ALL STATISTICS FROM THE U.S. DEPARTMENT OF LABOR

STATE UNEMPLOYMENT-ASSISTANCE departments are in a tight spot too. They haven't received increases in funding for some time, says Michele Evermore, a senior policy analyst at the National Employment Law Project. Their budgets are based on the previous year's state unemployment rate, which means "states are funding this big crush based on the lowest unemployment rate in history," she says. In many places, people may wait weeks before seeing their unemployment benefits.

Even where the system isn't plagued by breakdowns, many workers aren't accessing benefits. A survey of hourly service workers by Duke University's Center for Child and Family Policy showed that of those laid off by March 25, just 45% had applied for unemployment and 4% had received it. That's not entirely surprising—in normal times, the number of unemployed workers who receive benefits hovers around 27%, because people don't think they qualify or because some states have made it so cumbersome to apply, Evermore says.

"These benefits still aren't widely reaching families," says Anna Gassman-Pines, an associate professor of public policy at Duke.

The $1,200 stimulus payment also leaves out some of America's neediest. The estimated 8 million undocumented immigrants working in the U.S. can't get checks. It's unclear how people dependent on Supplemental Security Income, many of whom do not file taxes because of meager incomes, will receive funds. The Social Security Administration has said it's "working closely" with the Treasury to determine this.

Delays in accessing funds are putting some people in difficult situations. Brandel Cook, 34, who lives in rural Missouri, was a bartender at a movie theater until it closed on March 18. He filed for unemployment and got his first check on April 3—for $67. Traditional unemployment benefits are based on earnings; because Cook was a part-time tipped worker, he didn't qualify for much. "With this I can almost pay for my car insurance, but not the rent, electric, gas or food," says Cook, who supports his mother and sister. He should eventually receive the extra $600 weekly in pandemic unemployment assistance, but until then, his family is behind on its electric bill. He's also trying to pay off student debt that has been turned over to a collection agency.

Economists say one way to avoid these gaps is to pay companies to keep up payrolls, even if employees are not working. Denmark, for instance, told private companies it would pay 75% of their employees' salaries if they did not lay off workers. The British government is covering up to 80% of workers' salaries if companies keep them on the payroll. That approach "provides a real support to help stabilize income," says Gassman-Pines. But while the CARES Act includes a program to help pay salaries of U.S. workers at small businesses, employers say there are long delays in receiving funds.

They, too, are struggling to access government help—a situation that, for at least 6.6 million other Americans, is now all too familiar.

PREVIOUS PAGE: MAGNUM PHOTOS; WUHAN: NG HAN GUAN—AP

Mourners gather outside a memorial service for COVID-19 victims in Wuhan on April 4

THE BULLETIN

China on edge as Wuhan reopens after 11 weeks of hard lockdown

ON APRIL 8, THE EMBATTLED CITIZENS of Wuhan were finally allowed to leave the central Chinese city after authorities relaxed unprecedented quarantine measures. But it will be a long time before life returns to normal for the 11 million residents of the capital of Hubei province. The government says 2,535 people in Wuhan, the original epicenter of the COVID-19 pandemic, died from the virus—three-quarters of China's total (though much disputed) death toll. Most businesses remain closed, and restrictions on movement persist inside Wuhan.

HERO PARIAHS Chinese state media has lauded Wuhan residents as "heroes" for weathering the brunt of the outbreak, but people across China remain fearful that easing travel curbs may seed new infection clusters. Apartment buildings in big cities have banned people from Hubei outright, while vigilante villagers refuse to let them pass improvised roadblocks. And a 14-day quarantine will be expected wherever they go. Freedom to travel doesn't necessarily mean a warm welcome. "Don't unlock Wuhan until everyone is tested!" implored one user of China's Twitter-like site Weibo.

ECONOMIC TOLL The key goal of lifting the lockdown is getting Wuhan back to work. A huge government stimulus package is in the pipeline, but first-quarter economic data reveals that industrial investments in Wuhan contracted 83.2% year over year, fixed-asset investments dropped 72.9% and retail consumption shrank 42.1%. "People are broke, don't have disposable income and aren't spending on leisure and entertainment," says Jacob Wilson, CEO of media-and-marketing firm Wuhan Social. "It's going to be a huge struggle for local businesses."

NUMBERS GAME The end of the lockdown was announced March 24 after no new local infections had been recorded for several days running. But many question China's numbers: asymptomatic cases—which are also infectious—were included in official statistics only as of April 1. George Goodwin, a biology teacher from Reno, Nev., who worked for the CDC before moving to Wuhan, says he sought treatment for a severe cough in mid-March but wasn't tested for COVID-19. "There's still the concept of saving face," he says. "Everybody wants the city to open up again." —CHARLIE CAMPBELL/SHANGHAI

NEWS TICKER

Wisconsin votes despite concerns

Wisconsin's supreme court ruled on April 6 that **the governor could not postpone the state's April 7 elections,** despite COVID-19 concerns, throwing local contests and a presidential primary into disarray. Separately, the U.S. Supreme Court ruled against an attempt to extend the absentee-voting deadline.

Taliban walks out of peace talks

The Taliban walked out of talks with the Afghan government on April 7 after a dispute over a U.S.-brokered deal for the release of Taliban prisoners. **The talks were meant to be a step toward peace,** but the Taliban says Afghan officials are delaying while Afghanistan says the Taliban's demands are unreasonable.

Democrats delay convention

The Democratic National Committee has **moved its presidential nominating convention** from July to August because of the coronavirus pandemic, per an April 2 announcement. The new date places the gathering in Milwaukee one week before the Republican convention in Charlotte, N.C.

Some people chose to wear masks in New York City on March 18

PUBLIC HEALTH

Federal guidance shifts on wearing masks

By Mandy Oaklander

WHEN THE NEW CORONAVIRUS first hit the U.S., the Centers for Disease Control and Prevention (CDC) told people not to wear face masks unless they were sick or caring for someone who was. Masks help capture some of a sick person's respiratory droplets, which might otherwise spread the virus. In early April, however, the CDC began advising all people to wear nonmedical "masks"—any fabric that covers the nose and mouth—when they leave home. The reason for the shift? Scientists now know that many people who are infected with the coronavirus show no symptoms yet can still spread it to others.

But the efficacy of homemade masks is not scientifically settled. Studies do find that masks can help prevent a sick person from spreading some viruses to others—and may even marginally protect healthy people from becoming ill. "Across these studies, it's quite consistent that there's some small effect and there's no risk associated with wearing masks," says Allison Aiello, a professor at the University of North Carolina Gillings School of Global Public Health. But this research is on surgical masks, which aren't recommended for the general public due to a shortage for health care workers. It's unclear if it would also apply to homemade face coverings, but Aiello and others believe that physical facial barriers are worth donning during the pandemic even in the absence of strong evidence.

Few studies have tested homemade masks. One published in 2013 found that T-shirt masks were about a third as effective as surgical masks at filtering small infectious particles. That's "better than nothing," says study author Anna Davies, a research coordinator at the University of Cambridge, but "there's so much inherent variability in a homemade mask." Other research found that homemade masks may actually increase the risk of infection if they're not washed often enough, since damp fabric can breed pathogens.

> **'There's so much inherent variability in a homemade mask.'**
>
> —Anna Davies, University of Cambridge

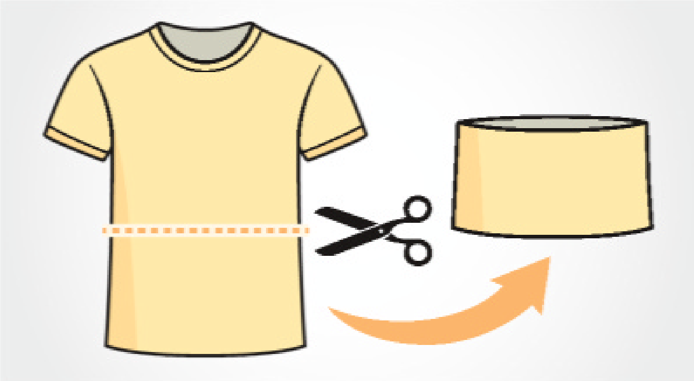
The bottom line is that wearing a mask probably won't hurt—as long as you clean it often, wash your hands, refrain from touching your face and continue to keep your distance from other people. But there's not robust evidence that the DIY kind will stop you or others from getting sick.

How to make a face mask from a T-shirt

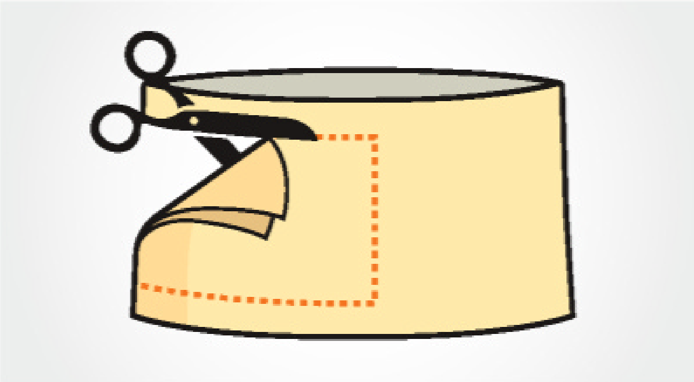
Recently updated guidelines from the Centers for Disease Control and Prevention (CDC) advise U.S. residents to cover their mouths and noses with cloth when they go out. A fabric mask is not a substitute for other preventive measures, but you can sew your own or make a version out of a T-shirt or bandanna. Here's how to make one from a T-shirt, based on CDC guidance. Visit **time.com** for information on other ways to make a DIY mask. —*Mahita Gajanan*

YOU WILL NEED: A clean, dry cotton T-shirt and a pair of scissors

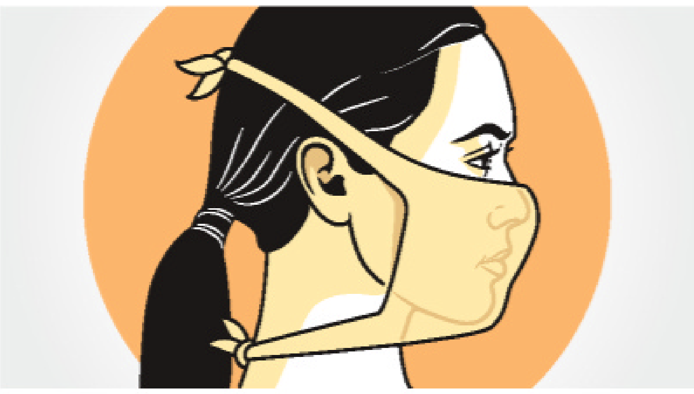
▼ Cut off the bottom 7 in. of the T-shirt. The detached fabric should make a two-layered rectangle.



▼ Cut another, smaller rectangle, about 6 or 7 in. long, out of the detached fabric, in the middle of one of the short sides; don't cut the other three sides. You will be left with a two-layered C shape: the face covering and strings to the mask.



▼ Wear the mask by cutting each strip in the middle to make two sets of strings. Tie one set behind your neck and the other at the back of your head.



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INNOVATION

Can DIY ventilators fend off a shortage?

U.S. HOSPITALS OWN ABOUT 160,000 ventilators—less than half the number of confirmed COVID-19 cases in the U.S. as of April 8. As diagnoses tick upward and more patients need help breathing, inventors are resorting to increasingly creative solutions to stave off a ventilator shortage. But the stakes are high for getting it right, and some doctors aren't sure jerry-rigged ventilators are worth risks like delivering the wrong amount of oxygen, or leaving doctors without patient feedback gauges.

Dr. Ken Lyn-Kew, a pulmonologist at Colorado's National Jewish Health, says alternative ventilators present a hard choice. "Do I do something that's likely to be harmful for the sake of doing something," he asks, "or do I not do something?"

> **'Do I do something harmful ... or do I not do something?'**
>
> —Dr. Ken Lyn-Kew

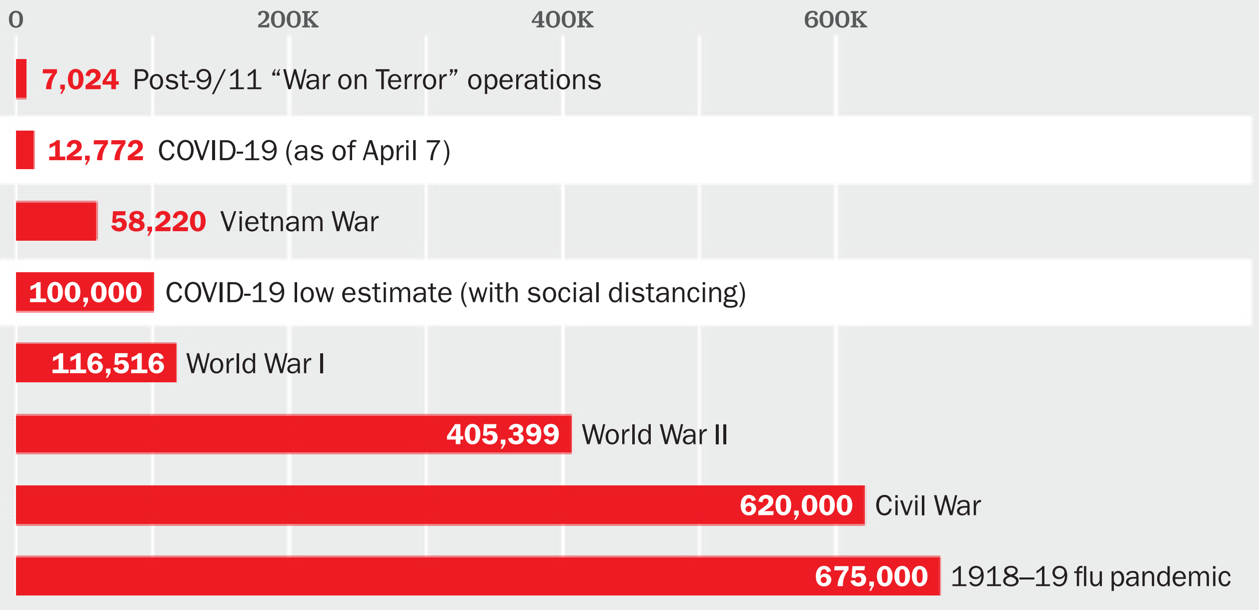
It's hard to blame people for trying. Mechanical ventilators are expensive and hard to make, and even the Strategic National Stockpile doesn't have enough of them to meet COVID-19 demand. As a result, doctors are turning to unconventional strategies such as ventilating two patients on the same machine and converting other breathing apparatuses into ventilators. The Food and Drug Administration has relaxed standards for getting new ventilators on the market, and is encouraging makers to submit their devices for Emergency Use Authorization. The result has been a flood of alternative ventilator designs, from both major companies like Dyson and inventors using everything from windshield-wiper parts to home-repair supplies.

While some experts fear stripped-down designs may sacrifice functionality and become ineffective or dangerous for patients, others, like emergency-medicine physician Dr. Rohith Malya, say there's no other choice. Malya helped an engineering team at Rice University create a roughly $300 disposable ventilator that he says is effective—and necessary, "when the alternate is sure death."

Still, Malya stresses that makers must work with doctors who can advise them on necessary functions and with designers who can help make plans hospital-grade. "We don't want to put a DIY, Home Depot version into a hospital," he says, "and see how many patients it can kill." —JAMIE DUCHARME

COVID-19's place in history

When the White House projected March 31 that, even with social distancing, 100,000 to 240,000 Americans could die of COVID-19, many observers were quick to note that this "best case" number represented more Americans than were killed during the Vietnam War. As this look at history shows, illness can be as deadly as war, or more so. —*Olivia B. Waxman, chart by Chris Wilson*



SOURCES: CONGRESSIONAL RESEARCH SERVICE, DEFENSE CASUALTY ANALYSIS SYSTEM, CENTERS FOR DISEASE CONTROL AND PREVENTION

RESEARCH

Children and COVID-19

IT'S UNUSUAL FOR A RESPIRATORY disease to spare young patients, but the early days of the COVID-19 pandemic suggested that this time was different. Children did not seem to be as severely affected by the novel coronavirus as adults.

That trend, reported first by doctors in China, appears to be holding true in the U.S. In the latest report from the Centers for Disease Control and Prevention, scientists say that compared with adults, patients under age 18 are less likely to experience fever, cough and shortness of breath and are also less likely to need hospitalization or to die from the disease.

Doctors are still trying to understand why. Many of the worst symptoms among adults are caused by an aggressive immune reaction to the virus that can damage the lungs; young children's systems may not be developed enough to mount such a revved-up counterattack. Studies are under way to understand if that's the case, but in the meantime, doctors say to assume kids are as vulnerable to infection as adults. Says Dr. Yvonne Maldonado, a professor pediatrics at Stanford University: "We really don't know what we are dealing with here yet." —ALICE PARK

POLITICS

How Bernie Sanders will still shape the 2020 election

By Lissandra Villa

VERMONT SENATOR BERNIE SANDERS' slogan for his 2020 campaign was "Not Me. Us." His April 8 decision to withdraw from the race raises the question of just how much of a uniter he wants to be. The challenge: how to keep pressuring Democrats to move left while helping the party defeat President Donald Trump in November.

Sanders' influence on the party is already evident. His surprisingly strong challenge to Hillary Clinton in the 2016 presidential primary paved the way for a new generation of leftists like Representative Alexandria Ocasio-Cortez, who captured the enthusiasm and support of the party's young voters in 2018 and beyond. In 2020, Sanders pulled the wide field of Democratic candidates to the left with plans like Medicare for All and tuition-free college. "Bernie has expanded the sense of what's possible in American politics," says Karthik Ganapathy, a progressive strategist who worked on Sanders' 2016 campaign. "That is going to change the trajectory of the Democratic Party."

'I cannot in good conscience continue to mount a campaign that cannot win.'

BERNIE SANDERS

JUST HOW MUCH of a change is what much of the next several months in American politics will be dedicated to figuring out. The Democrats' presumptive nominee is now Joe Biden, the former Vice President, who has resisted many of Sanders' keystone ideas. Biden responded to Sanders' pressure, opening his fundraisers to the press for transparency, but he declined to endorse several of the Vermonter's signature proposals.

Resisting the lurch to the left was a risk for Biden, but it worked. After Sanders posted strong early showings in Iowa, New Hampshire and Nevada, Biden clobbered him in South Carolina, on Super Tuesday and in nearly every primary contest since.

In the end, Sanders was never able to expand his support much beyond his fervent base. His campaign insisted that his economic policies would drive Democrats to the polls, inspiring a diverse coalition with a message that would excite new voters. And while Sanders made gains with Latinos, he struggled to connect with black voters or rally the youth vote in the numbers he needed. Many Democratic voters worried he was too far left to beat Trump.

After weeks of speculation about when and whether Sanders would acknowledge his diminished chances, the national crisis caused by the COVID-19 pandemic effectively made the decision for him. Sanders said as much to supporters in a livestream address after his April 8 announcement that he would suspend his campaign. "If I believed we had a feasible path to the nomination, I would certainly continue the campaign, but it's just not there," Sanders said. "I cannot in good conscience continue to mount a campaign that cannot win and which would interfere with the important work required of all of us in this difficult hour."

By leaving the race, Sanders allows the party to turn its sights to November. So far, he is sending signals that he wants to help in the fight against Trump. Despite his 2016 endorsement of Clinton, his relationship with her was always chilly. With Biden, he shares a warmer bond. "There is a mutual respect there, and even if their teams are far apart on key issues, Biden and Bernie have a somewhat solid rapport," says Rebecca Katz, a progressive strategist.

Judging from his speech to supporters as he exits the race, Sanders will likely draw on the massive grassroots fundraising machine he built to continue to apply pressure. He pointed to policy proposals such as a $15 minimum wage, guaranteed health care, shifting from fossil fuels to a clean-energy economy, and free college tuition as causes his movement was able to push forward. "It was not long ago that people considered these ideas radical and fringe," Sanders said. "Today, they are mainstream ideas," he added, and "that is what we have accomplished together." *—With reporting by* PHILIP ELLIOTT/WASHINGTON ◻

NEWS TICKER

Austria rolls back lockdown

Austria announced on April 6 that it would ease its **nationwide lockdown over COVID-19,** making it the first country in Europe to do so. Small stores will open on April 14, followed by malls and large stores on May 1. Residents will be required to wear face coverings on public transport and in all stores.

Trump removes watchdog

President Trump replaced acting Defense Department Inspector General Glenn Fine on April 6, thus also removing Fine as chair of a federal panel **overseeing the management of the $2 trillion coronavirus stimulus.** The Pentagon role will now be filled by Sean W. O'Donnell, inspector general at the EPA.

Cardinal's sex-abuse conviction overturned

Cardinal George Pell was freed from jail on April 7 after Australia's high court **quashed his 2018 conviction for charges related to the alleged sexual assault** of two choirboys in 1996. The acquittal is likely to be followed by civil claims from the alleged abuse survivors and their families, lawyers said.

Milestones

Marsalis, a pianist and the patriarch of the legendary jazz family, performing in 1990

DIED

Ellis Marsalis

Jazz royalty

By Harry Connick Jr.

ONE NIGHT DURING MY freshman year in high school, I called Ellis. The famed pianist, who died April 1 at 85 due to COVID-19, was my teacher—so it was "Mr. Marsalis" then, and I was terrified. One didn't call him at home. But I'd found a chord progression I thought had never been heard on earth, so I dialed. His deep "Hello" still echoes in my mind.

"Mr. Marsalis! Listen to what I discovered!"

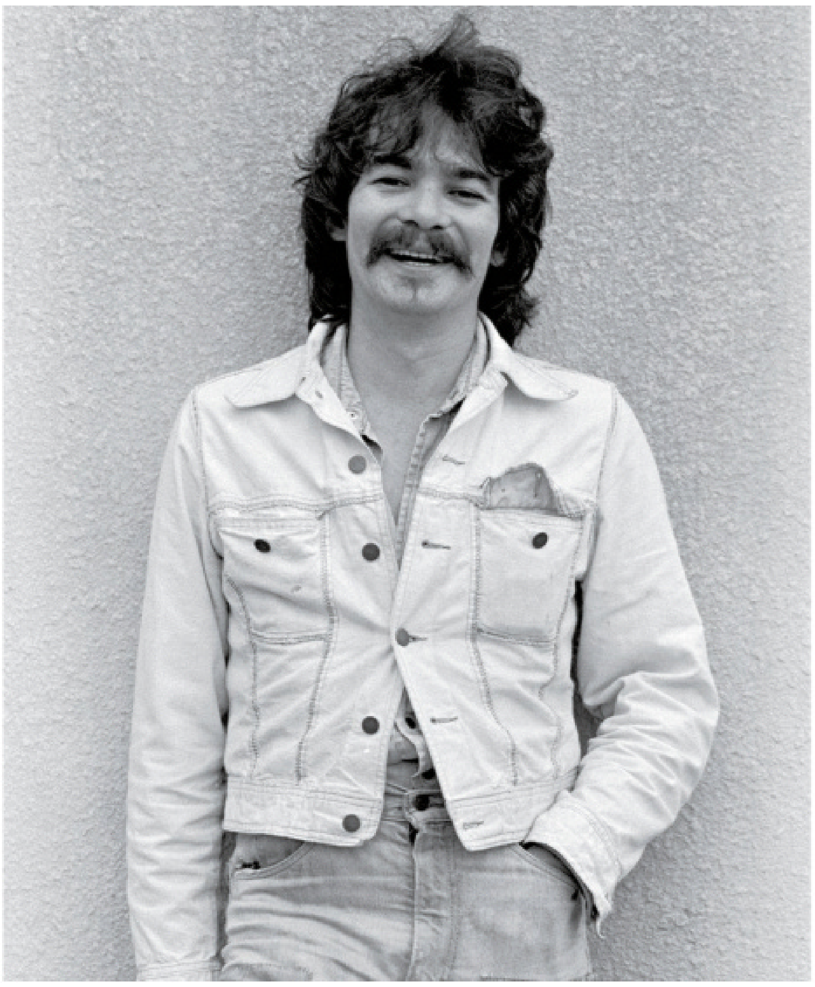
I explained it thoroughly.

"That's good," he said. "Now I'm gonna go back to my dinner."

Years later, I reminded him of the story. He laughed and admitted he'd known those chords too. I asked why he hadn't just taught them to me. "Because," he said, "you had to figure it out yourself."

Mr. Marsalis gave me the gift of self-discovery, a gift he shared with many others too, as he spent his last years doing what he loved, working with underserved young musicians at the New Orleans music center that bears his name. I'm a better musician—and man—because of him.

***Connick** is an actor and singer*



Prine, pictured in 1975, was named a 2020 Grammy Lifetime Achievement Award recipient

DIED

John Prine

Singular singer-songwriter

WHEN JOHN PRINE BEGAN PLAYING OPEN-MIC sessions at Chicago bars, word of mouth quickly spread about his wrenching lyricism. One night in 1970, movie critic Roger Ebert walked into the Fifth Peg, where Prine, still a mailman, was playing a set that included soon-to-be-classics like "Angel from Montgomery" and "Sam Stone." Impressed, Ebert wrote Prine's first-ever review, writing, "You wonder how anyone could have so much empathy and still be looking forward to his 24th birthday."

Over the half-century that followed, Prine, who died at 73 on April 7 from complications of the coronavirus, made a career out of songs that imbued American working-class life with both bleak despondence and uproarious wit. After starting his own label in the 1980s, he also became a symbol of fierce independence for musicians who longed to forge their own way, in between genres or outside the major label system.

Though he endured two bouts of cancer that forced him to relearn how to sing, he pressed on, achieving his highest-selling album in 2018 and imparting his wisdom to a generation of younger musicians. His iconoclastic spirit never shifted, but the once strict confines of country music—and the world—had. And "without changing anything I ever did," as he put it in a 2018 interview, he fit right in. —ANDREW R. CHOW

DIED

Al Kaline

Known as Mr. Tiger for his nearly seven decades with Detroit's ball club—22 years as a player, and more as a front-office adviser and broadcaster—Al Kaline, who died April 6 at 85, epitomized grace; his elegant swing helped the Tigers win the 1968 World Series. "I like to watch him hit," Baltimore pitcher Jim Palmer once said of Kaline. "Even against us." —*Sean Gregory*

DIED

Adam Schlesinger

Adam Schlesinger, who died as a result of COVID-19 at 52 on April 1, knew the power of pop. The songs he wrote (with his band Fountains of Wayne, for movies like *That Thing You Do!* or TV's *Crazy Ex-Girlfriend*) change shape as they go, like flowers turning to the light. They fill you with joy but also melancholy, that last-day-of-summer feeling that reminds you how precious it all is. —*Stephanie Zacharek*

DIED

Honor Blackman

As a teen, Honor Blackman was given the choice of a bicycle or elocution lessons. Blackman, who died at 94 on April 5, chose lessons. The acting career to which they led made her one of TV's first feminist icons, as Cathy Gale on *The Avengers.* As Bond girl Pussy Galore, she said she was "immune" to 007's charms, but the world adored hers.

—*Anna Purna Kambhampaty*

Blackman in 1964's Goldfinger

SANDERS: ERIK S. LESSER—EPA-EFE/SHUTTERSTOCK; MARSALIS: FRANS SCHELLEKENS—REDFERNS/GETTY IMAGES; PRINE: TOM HILL—WIREIMAGE/GETTY IMAGES; BLACKMAN: APIC/GETTY IMAGES

Former FDA commissioner **Dr. Scott Gottlieb** is tweeting the way through the pandemic

By Jamie Ducharme

IN CERTAIN CIRCLES, DR. SCOTT GOTTLIEB IS famous for keeping a flock of seven chickens in his backyard—and for once retweeting a (fake) cover of the (real) magazine *Backyard Poultry* bearing his likeness. Under nearly any other circumstances, I would have begged to see said chickens the moment I started talking to the former U.S. Food and Drug Administration (FDA) commissioner.

But in these coronavirus-dictated circumstances, I settled for talking with Gottlieb, 47, from Brooklyn, a socially distant 55 miles from his home in Connecticut—where, save occasional trips to Washington, D.C., he's hunkered down with his family and his flock.

Despite the fact that Gottlieb is working from home, he arguably has been in the public eye more now than at any time since he resigned from the FDA last spring. A prolific tweeter and constant cable-news presence, he has emerged as one of the leading U.S. voices on COVID-19 mitigation and a key player in crafting the country's path forward.

Long before most U.S. government officials were talking publicly about the novel coronavirus, Gottlieb was sounding alarms. Concerned by its contagiousness, he began tweeting warnings days after the World Health Organization first acknowledged the new illness on Dec. 31. He started making calls to government officials on Jan. 18. By the end of the month, he had written multiple op-eds about the need to scale up U.S. testing capacity—fast. "I got some snickers from associates about why I was tweeting so much about it," he admits.

NO ONE IS LAUGHING NOW. Gottlieb's COVID-19 proposals are cutting through a crushing news cycle to reach key members of the Trump Administration, including President Trump himself. For example: after Gottlieb co-wrote a March 29 report for the conservative American Enterprise Institute (AEI) that included the controversial suggestion that everyone wear fabric masks to reduce viral spread, Trump said it was "certainly something we could discuss." On April 3, Trump and the Centers for Disease Control and Prevention made the recommendation official, reversing months of dissuading the public from wearing masks.

Gottlieb is well-positioned to catch the Trump Administration's ear: he ran its FDA from May 2017 until his abrupt departure in April 2019 and remains a White House insider. (He is also advising Massachusetts Governor Charlie Baker and Maryland Governor Larry Hogan on COVID-19.) Under Gottlieb, the FDA pushed through record numbers of generic-drug and device approvals and was friendly toward experimental treatments—a blueprint for the agency's current focus on greenlighting COVID-19 therapies.

Despite having previously held two senior FDA roles, Gottlieb was a contentious pick for the top job. Both an internal-medicine physician and a venture capitalist with a libertarian streak, he'd made a fortune investing in pharma, and many thought he had an uncomfortably cozy relationship with the industry he would be tasked with regulating. He was confirmed by a narrow 57-42 margin in the Senate, and Washington Senator Patty Murray blasted his "unprecedented financial entanglements."

But he seemed to pull off the balancing act while in office, somehow managing to keep the pharma industry, the public-health world and his famously volatile boss mostly happy, most of the time. His highest-profile enemies became the e-cigarette industry and its supporters, as he blamed Juul Labs for sparking a youth vaping epidemic and tightened regulation on the entire industry.

"I've tried to be conscious of speaking my mind, giving people my blunt opinion, giving objective feedback without doing it in an objectionable and political way," he says of his leadership. "I've always been very steadfast about assuming people have good intentions and good motives. They might just arrive at a certain policy question with different ideas than I do."

He was an uncommonly accessible government official, tweeting regularly and with candor, and occasionally going viral for his sartorial choices. Gottlieb is a fast talker who speaks in sound bites, and is drawn to the immediacy and directness of Twitter—another asset during a fast-evolving pandemic. Gottlieb kept up a grueling travel schedule while at the FDA, spending weekdays in D.C. and weekends in Connecticut. He'd wake at 3 a.m. every Monday to be on a flight by 6 a.m., and those commutes led to some of his more offbeat posts.

Last April, he stepped down from what he called "the best job I'll ever have" to spend more time with his wife and three young children. It was a blow for many who viewed him as among the most competent members of the Trump Administration. "What I said was the truth," Gottlieb emphasizes now. "It was getting lonely being in Washington all week."

But if anything has made Gottlieb second-guess that decision, it's COVID-19. "I certainly regret leaving now," he admits. "It tortures me that I'm not there helping the agency through this."

GOTTLIEB QUICK FACTS

Across the aisle
In his informal COVID-19 advisory role, Gottlieb has briefed both the House GOP and the Congressional Progressive Caucus on the pandemic.

Family affair
With 10-year-old twins and a 6-year-old, Gottlieb is juggling home life in lockdown.

Medical know-how
Before he went into public policy, Gottlieb was a practicing physician in New York City.

STEPHEN VOSS—REDUX

Still, he has plenty of rooftops from which to shout. He has a Twitter handle with an audience 281,000 strong and an in-house studio for broadcast-news hits. In addition to board appointments at pharma giant Pfizer, genetics company Illumina and health-tech firm Tempus, Gottlieb has gone back to his pre-FDA roles at AEI and venture-capital firm New Enterprise Associates.

IN GOTTLIEB'S AEI REPORT, he and his co-authors explore how the U.S. can emerge from COVID-19's shadow. The first phase—the one we're in now—requires extreme social distancing, while experts fine-tune COVID-19 testing, treatment and surveillance. Once those tools are in place, life can edge closer to normal while researchers get a vaccine ready for distribution, a process Gottlieb says could take up to two years. Until then, the goal is to minimize the effects of COVID-19, preventing it from overwhelming the entire U.S. health care system, he says. The long-term goal is to prevent anything like this from happening again, by improving disease-monitoring capabilities, building up a national supply stockpile and boosting domestic manufacturing output.

'It tortures me that I'm not there helping the agency through this.'

DR. SCOTT GOTTLIEB, former FDA commissioner

Gottlieb praises the government for quickly implementing travel restrictions and airport screenings, but says it should have been faster to bring on outside labs for testing and should more aggressively pursue industry partners for therapeutic development. Still, "Things were harder than it looks like from the outside," he says. "Having been on the inside, [I know] that's always the case."

And though Gottlieb maintains more could have been done in January and February to slow coronavirus's spread, he's confident America can recover. It will be slow, and it will require concessions that extend well into the future—restaurants may seat fewer tables, elevators may post capacity limits, travel may become less discretionary—but the country will move forward. "This can become a livable pathogen where it's there, it circulates, you're going to hear on the evening news about outbreaks in a dorm or a movie theater, but people go about their normal lives," Gottlieb says. "Things change, but the changes are livable." ◻

WE WILL NOT TAKE THIS SITTING DOWN.

UNLESS IT'S FOR TREATS.

It's time to take a stand for homeless pets. It's time to adopt change. Every day, more than 4,100 dogs and cats are killed in shelters across the country — but **with Best Friends Animal Society leading the way, and your support, we can help our nation's shelters and Save Them All**.

save-them-all.org

Best Friends

SAVE
THEM
ALL

TheView

ECONOMY

MARKETS ARE FAILING US

By Joseph E. Stiglitz

Many Americans, and those around the world, are mystified by the apparent shortages of N95 masks, protective gear, ventilators and other materials essential for battling COVID-19 effectively. After all, aren't markets supposed to respond quickly and efficiently to changes in demand? They seem to be failing us, just when we need them most. ▶

INSIDE

LOOK TO ASIA TO UNDERSTAND WHAT COMES NEXT

RELATIONSHIP ADVICE FOR LIVING THROUGH A PANDEMIC

PASSOVER SEDER WITH SOCIAL DISTANCING

New York, the epicenter of the U.S. coronavirus crisis, is clamoring for medical supplies. Trump has said, Don't look to us, the federal government. He even argued that states should compete in getting the supplies they need. His answer: trust in markets. But markets are disappointing. They work well when everything is going smoothly, when things are normal. But markets don't work well in crises. Indeed, economic crises are symptomatic of markets not working well. The 2008 financial crisis was a quintessential example. No country in times of serious war turns to markets. We don't use markets to allocate how our troops should be deployed, and we didn't rely only on markets for producing tanks, airplanes and other essential materiel in World War II. We needed immediate action, with complex coordination and changing demands; markets just don't work well in these circumstances.

Markets are shortsighted and risk-averse—and the market mechanisms for looking into the future and managing risks are very deficient. And that private risk aversion and that extreme shortsightedness give rise to a large disparity between social and private returns. Society would like to have an excess supply of masks or ventilators in case we have an emergency like the current one. A well-functioning government would have stockpiled them, recognizing the risk of not having them. The cost of storage is infinitesimal compared with the costs of not having these supplies on hand.

A private firm producing these just in case they might be needed could well go bankrupt. It would have to pay out production costs now, and hope it would get a return in the future. There's no insurance the firm can buy against the risk that the goods wouldn't be needed. Its cost of capital is far higher than the cost to the government and its ability to bear risk is far lower, so at most the company will keep a limited inventory—far less than is socially desirable. Not only doesn't it pay for a private company to inventory these essential products, it also doesn't pay for it to expand its production capacity.

WE ALSO HAVE a broader problem in our society: we live at the edge, on the margin, in our never-ending quest for greater efficiency. But in doing this, we're shortsighted. And this is especially so for our financial markets, which play a central role in allocating resources. We saw that in 2008, in the form of excessive risk-taking. We're seeing it again. They value the short-term gains, paying no attention to the long-term risks. Stock prices soared as firms engaged in share buybacks—with never a thought about how that undermined resilience, never a thought about the economy facing another crisis. In our shortsightedness, we took out spare tires from cars, lowering the costs of purchase by a small amount, paying no attention to the costs we pay down the line when we have a flat tire. We've been running our entire society without spare tires—and proud of the seeming efficiency we've gained. And never prouder than in the health care sector. After all, this is part of how we can give huge profits to the health insurance and pharmaceutical companies.

S&P 500
INDEX
SP500
DOWJONES
DJI
2.11%
Nasdaq Composite
COMP
3.64%

A pedestrian reflected in a window of the Nasdaq MarketSite in New York City on March 19

Even now that the demand is so clear, companies may be slow to step forward. They know that if they charge much more than the normal prices, they'll be accused of price gouging. But they assume (and hope) this will be a one-time event. Can they recover the large costs of quickly expanding capacity for a rush of production now at normal prices? Many will decide that the answer is no.

This is instead a social cost that needs to be shared across society, and borne disproportionately by the well-off. Hopefully, enough firms will step forward to meet our urgent needs. But if not, we shouldn't hesitate to make full use of the wartime powers of the government to commandeer the necessary resources. The Trump Administration squandered valuable weeks. There is no time to spare.

Stiglitz, a University Professor at Columbia University, is the 2001 recipient of the Nobel Prize in Economics. He is the author of People, Power, and Profits: Progressive Capitalism for an Age of Discontent

SHORT READS

▸ *Highlights from stories on* **time.com/ideas**

Good and evil

The President recently signed the largest relief package in U.S. history, but according to the Rev. William J. Barber II and the Rev. Liz Theoharis, co-chairs of the Poor People's Campaign, it includes too much money for corporations and not enough support for the individuals who need it most. **"In a word, this is evil,"** they write.

Advice for earthlings

Dr. Sheyna Gifford spent a full year on a simulated Mars base in lockdown with five other people and learned a few things about living in isolation. One tip for getting through this strange new time: **"When in doubt, assume the best of others."**

A doctor's diagnosis

In March, NYU transplant surgeon Bruce Gelb was waylaid by COVID-19. Now back on the front lines, he has a warning for those who underestimate the coronavirus: **"COVID-19 doesn't care about your age or whether you are easy to kill. It looks to infect anyone and everyone, and because no one's immune system has seen this virus before, we're all easy prey."**

NATION: MICHAEL NAGLE—REDUX; THEOLOGY: ILIA YEFIMOVICH—PICTURE-ALLIANCE/DPA/AP

THE RISK REPORT

What Asian countries teach the world about the pandemic

By Ian Bremmer

AMERICANS NOW grappling with COVID-19 may believe Asia's experience offers hope in the form of a glimpse at a postviral world. After all, this was the region where the virus began—and is therefore the first to recover. Unfortunately, that's not quite what's happening.

Take Japan, where in early April, a new surge in confirmed coronavirus cases forced Prime Minister Shinzo Abe to declare a state of emergency. This in a country where face masks are part of daily life in large cities even in normal times and there is much higher confidence in warnings from public officials than in the U.S.

The one-month emergency declaration will empower Tokyo Governor Yuriko Koike and governors of other prefectures with large cities to take urgent steps to contain the COVID-19 spread, such as calling for diligent social distancing, banning large gatherings, requisitioning land and buildings for use as hospitals, and asking residents to shelter at home.

> **In Asia, as elsewhere, the COVID-19 traffic light will flash yellow many times as it moves from red eventually to green**

THE PRIME MINISTER'S DECISION wasn't an easy one. Japan's economy already faces significant stress, particularly because postponement of the Olympic Games will cost the country. But Abe must confront the same dilemma now facing political officials around the world: how to find the most effective way to accept severe economic pain now in order to save large numbers of lives and avoid greater economic calamity.

He faces another problem: Japanese law won't permit the kind of lockdown we've seen in China. As in other democracies, local officials can arrest people for hoarding critical supplies and take over buildings for medical use, but they won't fine or detain otherwise law-abiding citizens for gathering or leaving their homes. They must simply hope the public will take their admonitions seriously.

Abe also hopes that limiting the emergency declaration to a month will limit the economic losses. Only time will tell. If these measures fail, and the surge in new cases continues, Abe knows he'll face the wrath of those who called on him to act sooner and much more forcefully.

Within hours of his emergency declaration, Abe moved to stimulate the economy. Japan's nearly $1 trillion package reportedly contains more than $350 billion in new government spending. Will it be enough? It's far too early to know. And will this money arrive in time for the embattled businesses and households that need it most?

Finally, Abe, like President Trump, wants voters to reward his efforts. If the Japanese public believes that he has acted wisely, that Japan's economy has weathered the storm, he might call early elections later this year.

Japan is not the only Asian state facing renewed pressures. A resurgence of confirmed cases in Singapore, Hong Kong, South Korea and Taiwan has forced tougher rules on social distancing. On April 3, Singapore's government closed all schools and most businesses for a month. South Korea, the country touted as the most successful in "flattening the curve," has announced tough new travel policies. As of April 1, anyone who wants to enter the country must sign a document before boarding their flight that commits the passenger to a 14-day quarantine inside a South Korean government–designated facility.

For all these reasons, Americans and Europeans should look toward Asia not for hope but for insight into how best to manage the second wave of cases. Because in Asia, as elsewhere, the COVID-19 traffic light will flash yellow many times as it moves from red eventually to green.

THEOLOGY

Faith, not explanations

The coronavirus-induced limitations on life have arrived at the same time as Lent, the season of doing without. But this Lent has no fixed Easter to look forward to: a fast without the promise of a feast.

No doubt some will tell us why God is doing this. A punishment? A warning? Perhaps the biblical tradition we really need to turn to is lament. Lament is what happens when people ask, "Why?" and don't get an answer. It's where we get to when we move beyond our self-centered worry about our failings and look at the suffering of the world.

In the Bible, God also laments. The Spirit groans. Jesus weeps. God grieves for his world. It is no part of the Christian vocation to be able to explain what's happening and why. In fact, it is part of the Christian vocation not to be able to explain—and to lament instead. As the Spirit laments within us, so we become small shrines where the presence and healing love of God can dwell. And out of that can emerge new possibilities, new acts of kindness, new scientific understanding and new hope. —*N.T. Wright, professor of New Testament and early Christianity at the University of St. Andrews*

A monk outside Jerusalem's Church of the Holy Sepulchre

ADVICE

How to stay in love during quarantine

By Belinda Luscombe

AS WE HAVE ADAPTED TO BEING HOMESCHOOLERS, HOME hairdressers and cloistered shut-ins, many among us have noticed that our marital skills—and probably our barbering skills as well—could use a refresher class. But where to turn in such an unprecedented time? Who can advise us on how to stay together, when it's *this much* together? TIME checked in with three sets of relationship experts who live and work side by side. Here are their top seven tips.

Cool it with the criticism. The right time to point out mistakes is almost never, but midcrisis is egregious. Especially when it comes to money, says Ashley Willis, a marriage and family coach who hosts the *Naked Marriage* podcast with her husband Dave. "It's so easy to point fingers and say, 'I told you you shouldn't have taken that job.'" Instead, now is the time for appreciation. "It's really important for people to look for what partners are doing right and express appreciation for it," says Julie Schwartz Gottman, who co-founded the marital-counseling behemoth Gottman Institute and wrote several best-selling books with her husband John. "Thank them for making coffee, even if it's for the 500th time."

Be more curious than furious. With all the new responsibilities brought on by the coronavirus, it may feel like your spouse is not doing enough, but it's more likely that they're just distracted or have worries you can't see. "High stress always brings out people's relational coping skills, or lack of them," says Helen LaKelly Hunt, who with her husband Harville Hendrix created the Imago method of marriage therapy and wrote *Getting the Love You Want*. Just asking your partner a question and actually listening to the answer before pulling the ripcord on an argument can have a positive effect. "Talking is the most dangerous thing people do, especially when they are stressed," says Hendrix, "and listening is the most infrequent thing people do, especially when they are stressed."

> **'Talking is the most dangerous thing people do, especially when they are stressed.'**
>
> HARVILLE HENDRIX

Buy some time, or trade for it. If possible, build some time alone into the schedule, even if it's only for half an hour a day. This may require bartering for some moments free of kids or chores for each of you. "It's hard to have solitude," says Ashley Willis. "I have to be my own advocate. I need some time." And no, escaping into screens side by side doesn't count. You need to not be able to see or hear each other.

Make an appointment for your blowups. If a seemingly insignificant fight is suddenly getting out of hand, the Gottmans recommend postponing it for at least half an hour but not longer than 24 hours. Under the Gottmans' "conflict blueprint," as they call it, spouses can work on a resolution only after they can state each other's opinion to the satisfaction of the other person. "Ninety-five percent of it is about understanding your partner's point of view," says John.

Respect the now invisible boundaries. Even though he or she might not look busy, your partner is not just an empty whiteboard waiting for you to write your thoughts and needs. "The way I like to put it is, when I want to talk to Helen, I open the door to her movie theater, where she's watching her movie, and I'm going to run my movie on her screen," says Hendrix. "It's an intrusion." He suggests asking first if it's a good time, and if it's not, then establishing one.

Ask for what you want. Your partner is probably a wonderful person, but almost definitely garbage at mind reading. You need to explain your needs—and be specific. "I would love it if you could plan dinner every second night" is vastly preferable to "You have to help around the house more." So much is going on that nobody is going to notice everything that every person needs or desires. So ask. Nicely.

If all else fails, try comedy. Being able to laugh at the situation or yourself (although not your spouse) is a big stress reliever. This is why we have dad jokes.

ESSAY

A Passover without family around the table

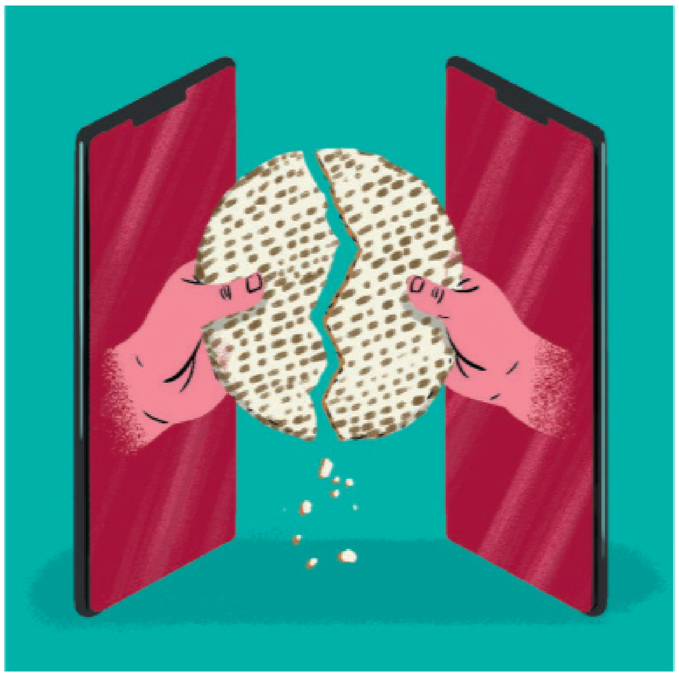
By Lori Fradkin

I COULD HEAR MY MOM IN ANOTHER ROOM ONCE AGAIN asking if the kosher beef ribs had arrived. Or maybe it was the kosher potato chips. I'd been hearing calls like this all week, check-ins with stores in Houston, where she and my dad live.

This time, though, I turned to my husband: "Which one of us is going to tell them they have to tell her that Passover isn't happening?"

Her, he knew, meant Mamaw, my maternal grandmother, who has hosted Passover seders for about 50 years.

Knowing what we do now about the coronavirus outbreak, it seems obvious that families will not gather for the Jewish holiday this year the way they have in years past. But at the time, about a month ago, the situation was only starting to come into focus. Just over a week before that particular phone call, 13 family members had gathered in our home in New York for my younger son's 2nd birthday. By then, we had all upped our handwashing, but the CDC hadn't yet issued its guidance on social distancing. "If you are not sick, if you are not in the vulnerable category, you should be going about your life," New York City Mayor Bill de Blasio said a few days later. The next day, my 4-year-old's school was canceled, but only, at that point, for two weeks. Yet with each passing day, it was becoming increasingly clear that things weren't going to return to normal before Passover, which started on April 8 this year, and maybe not for a while after that.



Hearing my mom's persistent phone calls, which suggested forward movement on something that would inevitably be canceled, made me anxious. Mamaw values family above all else. Mamaw is also under the care of a pulmonologist. On the holiday in which Jewish people around the world open their doors and proclaim, "Let all who are hungry come and eat. Let all who are needy come and celebrate the Passover," it would be risky for her to open her door to anyone.

What I hope my grandmother can remember is that this year's physical separation will help ensure future togetherness

FOR MOST OF MY CHILDHOOD, I ate almost every lunch and dinner the week of Passover at Mamaw and Pop's house. (Pop passed away in 2007.) While my family adhered to some of the Jewish dietary laws the rest of the year—no bacon but plenty of shellfish, for instance—during Passover, for reasons I can only explain as "because we've always done it like this," we suddenly became more observant: every product we consumed had to be specifically labeled as kosher for Passover. Mamaw, who loves fried shrimp, keeps a kosher home and has separate Passover dishes and silverware, so it just made sense for us to go there for our meals.

It was hardly a burden. Mamaw would make matzo-meal-crusted fried chicken, farfel mac and cheese and matzo lasagna. We'd keep a big box of Manischewitz potato chips in one of her closets, and when one bag would run out, we'd open another. This was all on top of the leftovers from seder, including beef ribs, mini-hamburgers, hot dogs, brisket, chicken, corned beef and matzo ball soup.

Given all the options, it didn't even occur to me not to keep Passover as strictly as I did. But during college, I started to rethink this rigidity. None of my friends observed the way I did, so if I wanted to stay the course, it would just mean more meals on my own. I decided I would do my best going forward, but I wouldn't obsess over the label on the box. Holidays, I told myself, are supposed to be communal experiences, not isolating ones.

Mamaw knows this well. On a phone call about two weeks ago, she casually mentioned all the preparation my mom had been doing. I was mystified. There have been enough family text chains lately that surely I would know if seder, even a scaled-down one, was still on. It *was* canceled, right? Well, yes, but despite the family not being able to congregate, my mom was cooking anyway. She had emailed those who typically come to Mamaw's with a list of 15 items and told them to choose what they wanted. She would create care packages for them to pick up.

I know this Passover will not be easy for Mamaw. Loneliness intensifies on days when you are not supposed to be alone. But what I hope she can remember as she exchanges greetings through screens is that the physical separation will help ensure future togetherness.

In August, Mamaw will turn 90 and my parents will mark their 40th anniversary. My paternal grandfather and grandmother will turn 85 in October and February, respectively. The plan has been for the family to meet in Houston over Labor Day weekend to celebrate these occasions at once. Traditionally, at the end of the Passover seder, we say, "Next year in Jerusalem." This year, my wish is more personal: September in Houston.

ILLUSTRATIONS BY PAUL BLOW FOR TIME

ON STATION
Christine Lowe, an emergency medical technician for Holy Name Medical Center in Teaneck, N.J., on April 1

ANSWERING THE CALL

Across the world, essential workers are risking their own lives to save ours. These are their stories

PHOTOGRAPHS BY DANNY KIM FOR TIME

DISPATCH

EYE OF THE STORM

Seven days in the heart of the outbreak

IN THE WORLD THE VIRUS HAS MADE, THERE ARE two spheres: home and hospital. Between them, ambulances run, carrying patients and dispatches from the front.

In northern New Jersey, just across the George Washington Bridge from New York City, paramedic Danny Kim rides for Holy Name Medical Center. It's an independent hospital in Teaneck, a city of 40,000 whose stores, houses and parking lots blend into the townships on every side of it. If the claustrophobic canyons of Gotham made New York a logical epicenter of the COVID-19 pandemic, Teaneck, which is also an epicenter, looks like the parts of America where the wave is heading.

"I spend most of my time on calls, showing up to people's homes, trying to convince them to stay home if they're not critical," says Kim. "They'll call 911 because they're very anxious."

They are anxious because they are ill. Many report the fever, shortness of breath and persistent dry cough that are symptoms of COVID-19. But the hospital is crowded and thick with virus. One of the lessons from the ragged edge of the pandemic is what Danny Kim says from the doorway: You don't want to go to the hospital unless you really have to.

Kim, 32, was a photographer before becoming a paramedic in 2016. He had been an EMT for 13 years, then took the additional year-plus of study to gain the higher certification. One of the skills he learned is intubation—placing a breathing tube down an airway. With a virus that inhabits the throat, it's a procedure that creates exceptional risks for the caregiver. So far, three of Kim's colleagues, all older, have tested positive. It reinforced his decision to make a visual record of the work they are all doing. "I want our story to be told from us directly," he says.

He made this diary over seven days, starting March 30. "As the week progressed, it felt like I was

SUITED UP

Paramedic Danny Kim photographs himself and his partner for the night shift, Brian Moriarty, beside a manikin patient at Holy Name Medical Center in Teaneck, N.J., on March 30. Kim made a visual diary of work being done in one community reeling from the COVID-19 pandemic

seeing a lot more sick people," Kim says. "It seemed to be escalating."

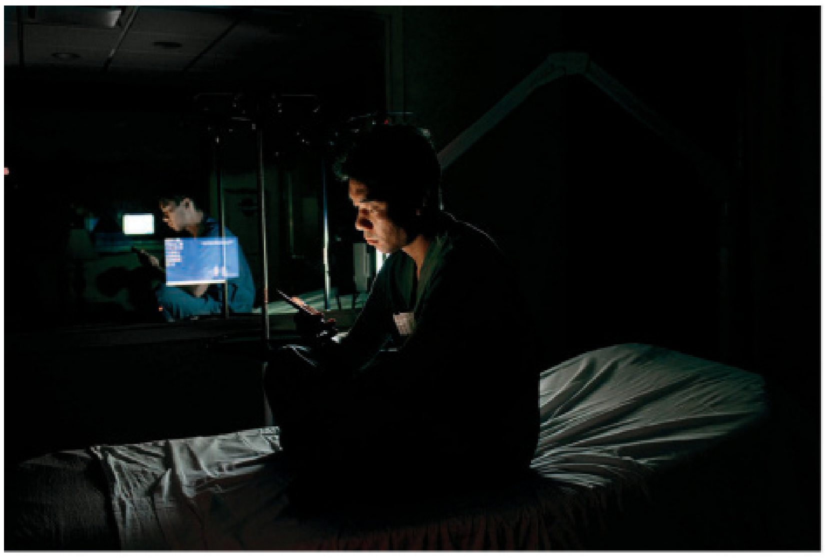
Before entering a home, he puts on an N95 mask, then a surgical mask. "At least two pairs of gloves." Then a disposable gown. For the sake of risk and equipment, which must be discarded after each call, only one paramedic goes in. Sometimes there's nothing you can do. At one nursing home, a woman in her early 90s was already cold to the touch, with signs of rigor.

Halfway through the week, Kim was also pressed into service in the ICU wards the hospital had built as the virus bore down. The ER "looks like something from *The Matrix,* we have so much equipment out," but the new ICUs remind him of actual film sets—all new timber and exposed sheetrock walls, built ingeniously so that nurses and doctors can adjust medicines and settings without entering the room.

On Friday night, April 3, four patients died while Kim worked in one of the "shell ICUs." One of the nurses broke down.

"She was talking about this was her sixth patient that died this week in front of her," Kim says. "I kind of consoled her. I told her one thing I learned in my darkness during this whole thing was like, Oh, I'm kind of a control freak. I like to be in control of a lot of things in my life. Or maybe in other people's lives. And I think that really translates into the work we do as paramedics, nurses and doctors. It's like we try to—what's the word—prevent death. What's more controlling than that? Part of my process going through this is I have to surrender my control of a lot of things. And that's how I cope."

The next day, a fellow paramedic spiked a fever and got tested. "The thought definitely crosses my mind. Am I carrying the virus? Am I bringing it home and exposing my wife to it? I think about that," Kim says, "but I try not to let that thought consume me while I'm home because that's my time to not think about everything." —KARL VICK; *reporting by* PAUL MOAKLEY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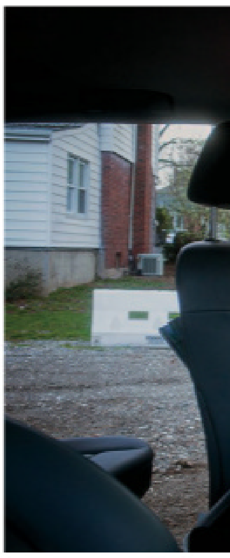

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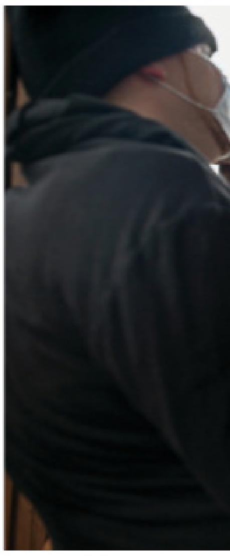

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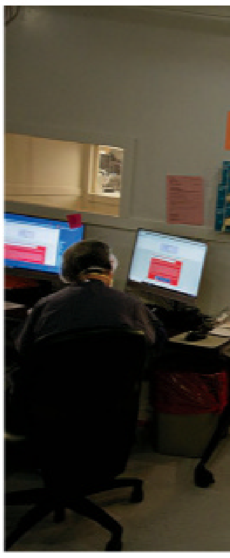

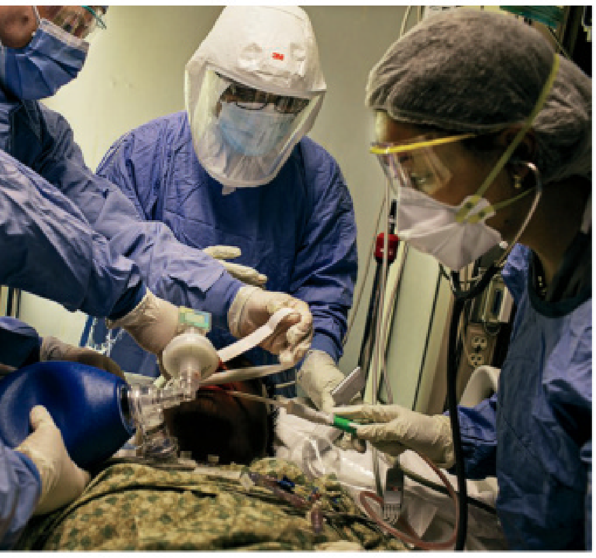
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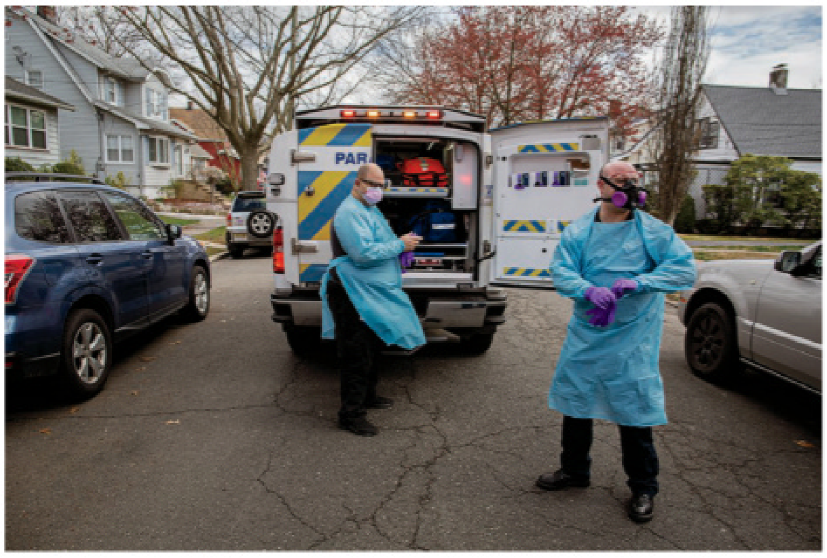
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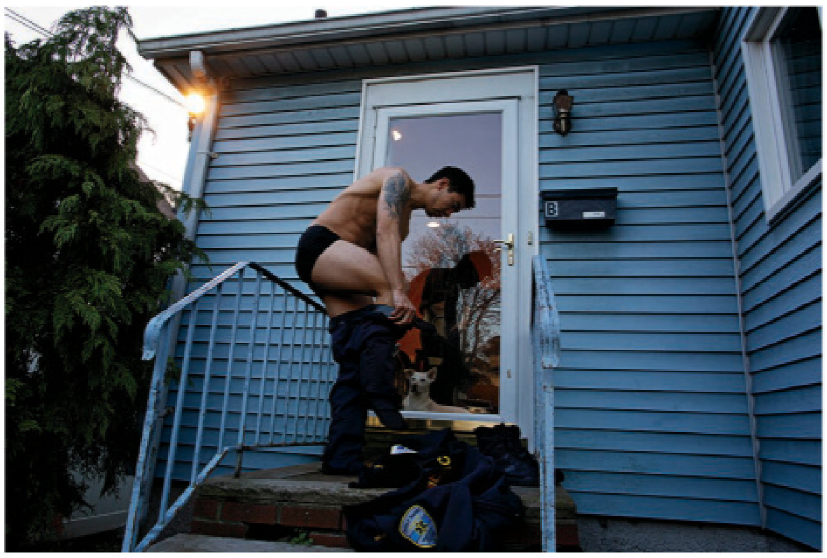
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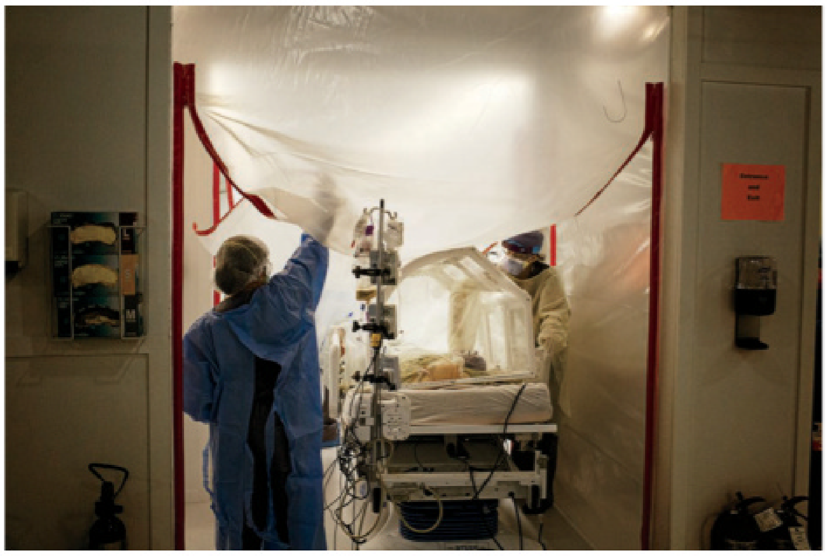
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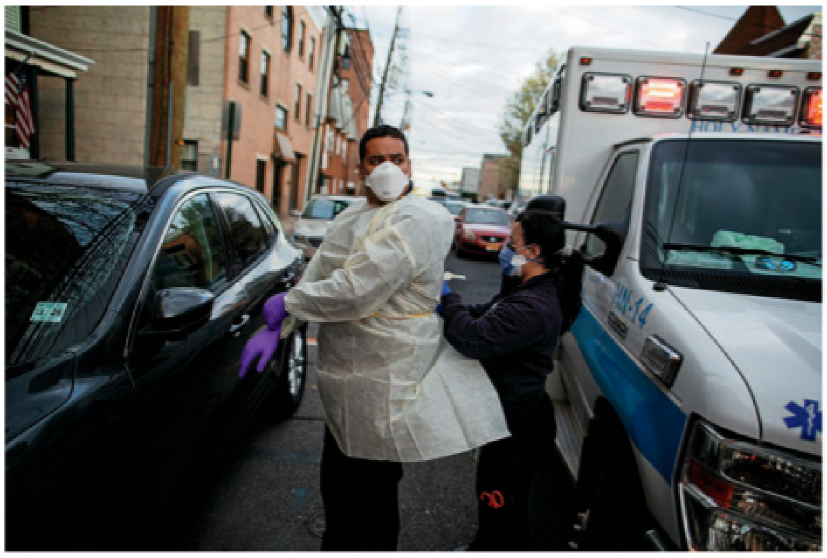
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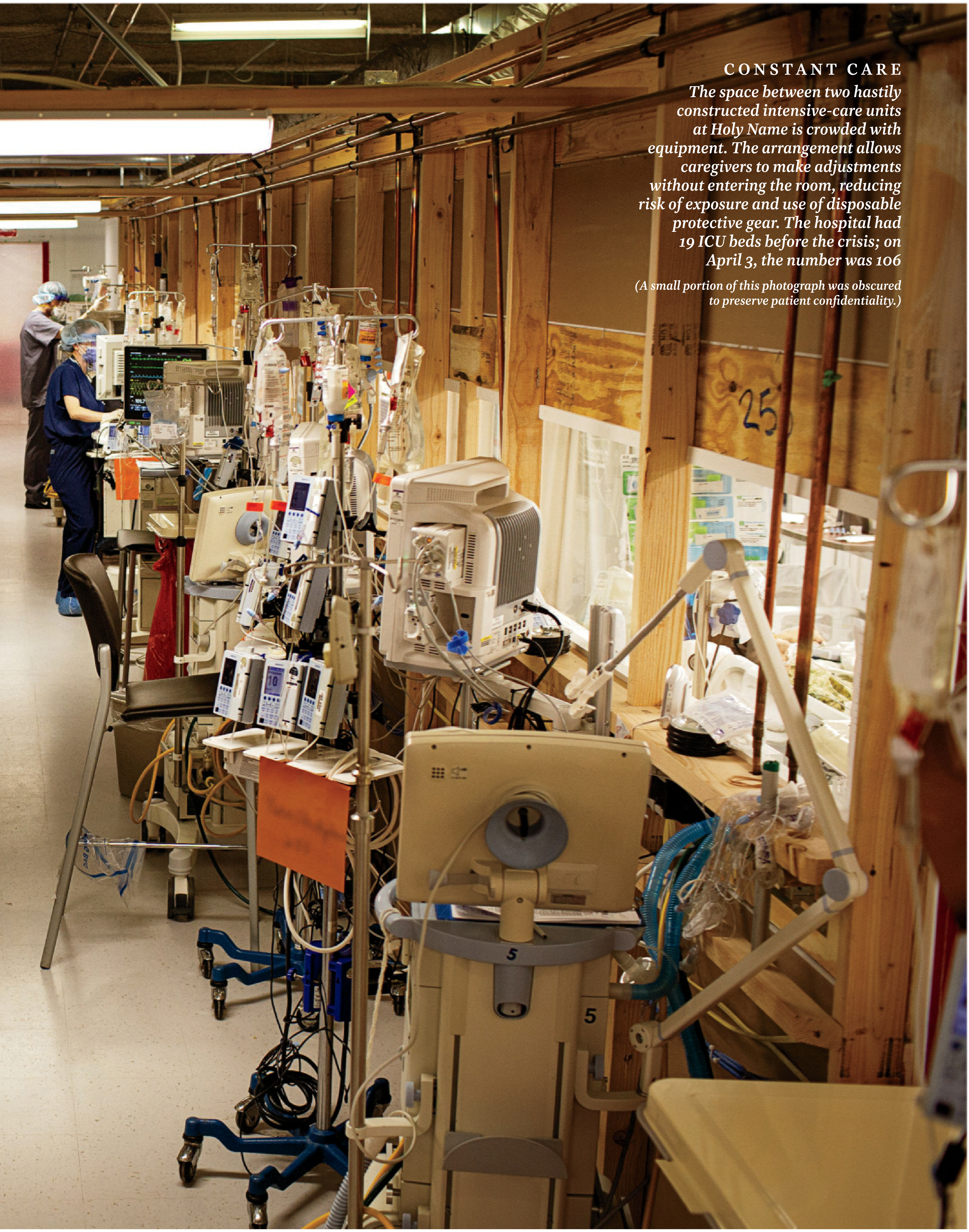
AROUND THE CLOCK

Top row: *Kim texting his wife; a COVID-19 patient about to be intubated; working on a patient whose tube had come out; paramedics Johnny Economou, center, and Joe Subrizi prepare to meet a 911 caller*

Second row: *paramedic John Cruz, ill with the virus; Kim and John Joyce on duty; disinfecting the paramedics' vehicle; Kim sheds work clothes outside his house*

Third row: *a mobile intensive-care nurse with an oxygen mask for a COVID-19 patient in a nursing home; the patient, who had cut her head; tending to a man suffering an anxiety attack; a patient arrives at the ICU from the ER under a protective canopy*

Fourth row: *IV pumps in the hall between two newly built ICU wards; ducts maintain negative air pressure in the new ICUs; a body is wheeled out of intensive care; EMTs Paige Schmelz and Andres Faciolince suit up to return a discharged patient to her home*



CONSTANT CARE

The space between two hastily constructed intensive-care units at Holy Name is crowded with equipment. The arrangement allows caregivers to make adjustments without entering the room, reducing risk of exposure and use of disposable protective gear. The hospital had 19 ICU beds before the crisis; on April 3, the number was 106

(A small portion of this photograph was obscured to preserve patient confidentiality.)

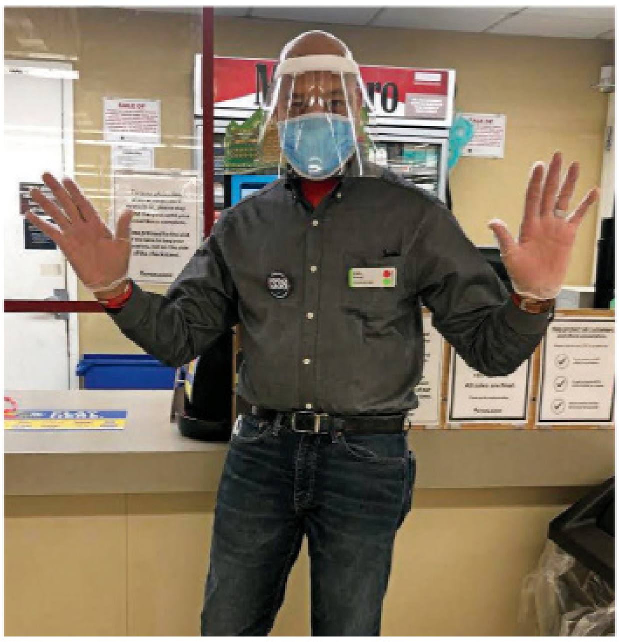
HEROES AMONG US

—

One bright spot in this dark spring is a lovely community ritual. Every evening, in cities around the world, those of us lucky enough to stay at home throw open our windows to applaud the health care workers risking their lives to care for the sick. Some of their stories are collected here. But there are others on the front line of the war against the coronavirus—neighbors whose courage and grit have kept our communities running. They deliver our groceries and drive our buses, stock our shelves and sweep our streets, harvest our food and serve our meals. Some are driven by their faith, some by a sense of duty. Some just have to pay the bills and feed the kids. All of them are heroes too. —ALEX ALTMAN

FOR MORE VOICES, CHECK OUT

time.com/frontline-heroes



WALLY WAUGH

GROCERY-STORE CLERK

Oyster Bay, N.Y.

I'm very proud to be a grocery-store worker. I've been doing it for 35 years. I always knew grocery-store workers would be essential if there was ever a war or some type of weather-related incident, but a pandemic? Never. I never expected this.

The first week, when people were panic buying, it felt like a war zone in our store. We were scrambling to get people in place. We didn't have gloves, masks or anything. People were on top of each other. Customers were complaining, upset there was no toilet paper or paper towels. "Where's the milk?" "Where are the eggs?"

I was wound tight all the time. I was trying to portray calmness. But inside, I wasn't calm. It was turmoil. We were working 15-hour days, but we had to, because people still have to eat. We need to make sure they have food.

One of the things that keeps me going is the elderly people who come into the store. Your heart goes out to them. I'm the caregiver to my 86-year-old mom, and my primary concern is infecting her, since she has underlying conditions. This disease would be a death sentence for her. It's in the back of my mind all the time. Every Wednesday, I do her laundry. Today, when I went grocery shopping for her, I felt nervous walking into the store.

When I get home, I literally undress in the garage, go straight to shower, and wash my clothes every day. My wife is like the general. She makes sure things are disinfected. When I see these doctors and other frontline workers, I can't put myself on that plane. I don't see myself as a hero. I see myself doing a job that's needed. As long as I can do it, as long as I'm not sick, I'm going to do it. *—As told to Melissa Chan*

CRAIG SPENCER

DOCTOR

New York City

'There's a huge likelihood that my colleagues and I will be infected. It's a sad, calculated risk that everyone is having to take.'

—As told to M.C.

TANYA LYNNE ROBINSON

HOME HEALTH AIDE

Cleveland

I never know what environment I'm going into. I don't know who's been in and out of these people's homes. I'm mopping, I'm cleaning, I'm sweeping, I'm vacuuming, I'm running errands, I'm preparing breakfast, lunch and dinner. When you're caring for clients, you bathe and clean them, you put the briefs back on them. You're exposed to everything. I have multiple sclerosis, which is an autoimmune disease, and I worry about getting sick. But these people, they were in a bad situation before the virus. If I don't go help them, who's going to go help them? If I don't do it, who is going to do it? I try not to worry. I say, "Please, God, just cover me."
—As told to Jamie Ducharme

DESHA JOHNSON-HARGROVE

WIDOW OF BUS DRIVER JASON HARGROVE

Detroit

When he got home from work on March 21, Jason was livid. There had been a lady coughing on the bus and not even bothering to cover her mouth. We'd been hearing about the virus, so for someone to cough like that? He felt it was blatantly disrespectful. He posted on Facebook about it. He was fearful for himself and other passengers. Two days later, he started feeling sick, and a week after that, he was dead. It took him so quickly that I'm still in disbelief.

He was a big, strong, 6-ft.-3 man, and all he wanted to do was work and take care of his family. This man had a big personality that would just light up a room—any room. You can interview a thousand people, and I don't think you're going to come across anybody who would tell you, "That Jason Hargrove guy? I didn't like him." That's the kind of man he was. He stood up for what was right.

Jason loved his job. Some people, they look down at being a bus driver like it's nothing. But Jason felt like he had the top man's job. He acted like he was the President. That's how important Jason felt this job was, moving the people in the city of Detroit. I'm not even kidding. That's how he felt every day, putting on that uniform, leaving this house in the early hours of the morning: 3, 4, 5 a.m. Proudly. We often talked about how he felt that bus drivers were overlooked in the coronavirus crisis, that they're not seen as important as first responders. He was like, "We are the first responders." He was proud to be out there.

—As told to Abby Vesoulis

CLIFF STRAND JR.

FOOD RESCUE WORKER

Pleasant Hill, Calif.

About six years ago, one of our executives found me under a bridge in Richmond, Calif., and brought me baskets of food. I was a strung-out-of-my-mind drug addict with a dark soul, ready to die. He helped me. So now, delivering food to other people who need help is absolutely my mission. It's not a job. I'm supremely blessed to be able to do this. Not for a minute did I consider staying home during this outbreak. I change my gloves at every location and wear a mask. We deliver hope and love. I know those people. They're my friends. Now they're behind a wall to prevent the virus from spreading, so we can't interact with them. It brought me to tears. We're flashing up heart signs and saying, "I love you," through the wall. I was crying, but it wasn't because there was fear. There's love going on in this whole thing.

—As told to Jamie Ducharme

HEATHER WILSON

MIDWIFE

Portland, Ore.

'It's really a big paradigm shift for us. Women are so sad and afraid. But it calls me all the more to be there because laboring women desperately need us now.'

—As told to Jennifer Duggan

SARAH ROSANEL

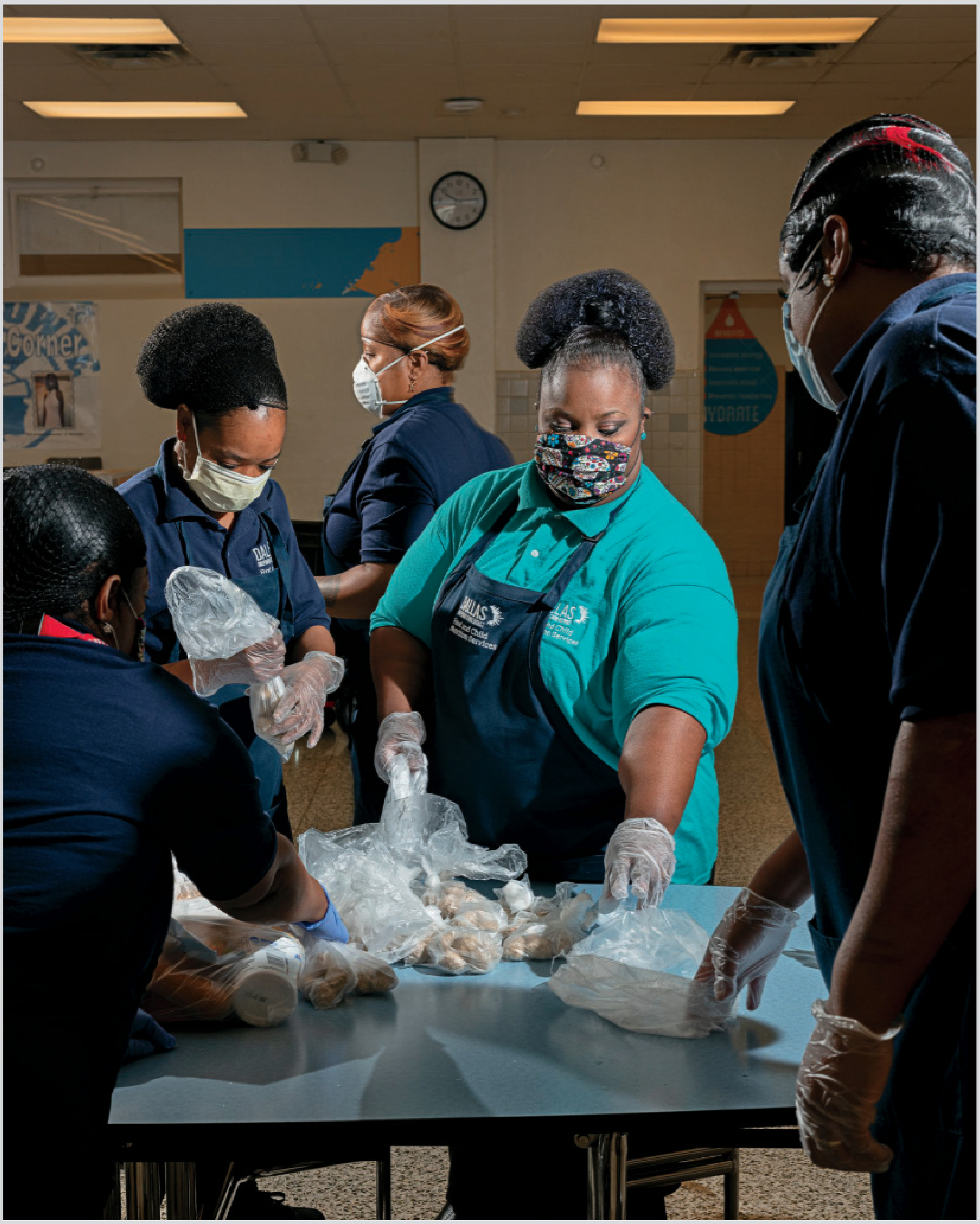
CARDIOLOGIST

Brooklyn

I had a patient that came in overnight, in his mid-60s or 50s even, and he's coughing. He's short of breath. We gave him oxygen, but his oxygen levels were still going down. Within hours of intubating him, he's dead. It just stays with you. You keep playing the scenario all over again in your head. What went wrong? Sometimes I don't even make it home. I'm in the car, and I just burst into tears. The fact that they're dying alone is so hard. There are no visitors allowed, and their family members are trying to call us. Sometimes we can't get to the phone. It's heartbreaking. Recently, my husband, my parents, my in-laws, everybody came to me and said, "Don't go back to the hospital." But it felt like it was a moral duty to go. I love my children more than anything in the world, I love my husband, but I explained to them that this is the job. This is who I am. I am a fighter. This is not the day I'm going to give up.

—As told to M.C.

FROM LEFT: COURTESY WALLY WAUGH; COURTESY TANYA LYNNE ROBINSON; COURTESY DESHA JOHNSON-HARGROVE; COURTESY SARAH ROSANEL



YOLANDA FISHER

CAFETERIA WORKER

T.W. Browne Middle School, Dallas

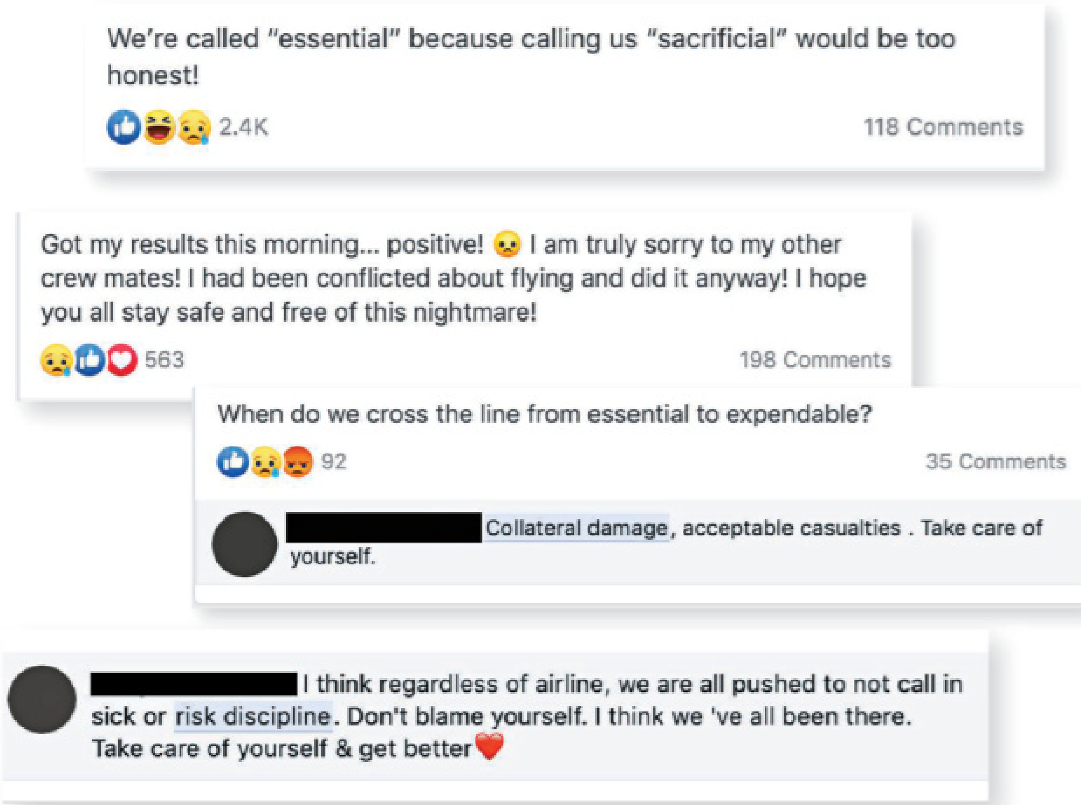
We're still feeding the kids, any child who needs a meal. We're feeding our community. It's a need, and we're meeting that need, and I love that. We try to take caution. We have gloves, we wash our hands, we have sanitizers. The mask I have I purchased on my own. My daughter takes my temperature when I come home. If she wants to spray me down with Lysol, fine—anything to alleviate her fears. She said, "Mom, you're older. Older people are dying. You can stay home." But I said, Nah. Jesus was a server. He served. That's my purpose: to serve. These kids probably wouldn't get another meal until the next day they saw me. So, yeah, I'm a server. I'm a server for life. It's an honor. —*As told to Alana Abramson*

PHOTOGRAPH BY ELIZABETH BICK FOR TIME

DISPATCH

FLIGHT RISK

By Vera Bergengruen



We're called "essential" because calling us "sacrificial" would be too honest!

👍😆😢 2.4K 118 Comments

Got my results this morning... positive! 😢 I am truly sorry to my other crew mates! I had been conflicted about flying and did it anyway! I hope you all stay safe and free of this nightmare!

😢👍❤️ 563 198 Comments

When do we cross the line from essential to expendable?

👍😢😡 92 35 Comments

[redacted] Collateral damage, acceptable casualties . Take care of yourself.

[redacted] I think regardless of airline, we are all pushed to not call in sick or risk discipline. Don't blame yourself. I think we 've all been there. Take care of yourself & get better❤️

AIRED OUT

Flight attendants have taken to secret Facebook groups to share their fears about continuing to fly during the pandemic

AMERICA'S FLIGHT ATTENDANTS WERE AMONG THE first to raise the alarm as COVID-19 spread outside the Chinese province of Hubei in late January. More than two months later, flight crews fear they have become a dangerous part of the problem. In interviews and emails with TIME, more than a dozen flight attendants say airlines failed to heed their concerns. After weeks of working without proper supplies, they say, they have been potentially exposed to thousands of cases and in turn may have transmitted it to the hundreds of thousands of Americans who continue to fly every day. "It's awful, because we know we're definitely spreading it, seat to seat, city to city, person to person, hotel to hotel," one Atlanta-based flight attendant with 15 years on the job tells TIME.

Considered "essential critical infrastructure workers" by the U.S. government, America's roughly 121,000 flight attendants say they are not required to adhere to CDC recommendations to self-quarantine after travel to high-risk areas or potential exposure. Even when passengers are routinely screened or tested at airports, the attendants say they are not. Airlines are not saying how many flight-crew workers have tested positive for the virus, but union representatives say self-reported cases already number in the hundreds and are likely to go higher.

Early on, flight attendants say, airlines barred them from wearing protective gloves or face masks and even disciplined them for doing so. Several airlines require attendants to clean cabins between flights but provided no extra disinfecting supplies. At the same time, the rapid spread of the outbreak and conflicting messages from overwhelmed superiors left many flight attendants feeling forced to fly in order to keep their jobs. More than a dozen flight attendants told TIME that even if they had symptoms or had come in contact with sick passengers, they had to produce a doctor's note or test positive in order to be allowed to self-quarantine with pay. Several told TIME they were told to "self-monitor and keep working" even while they waited to receive their test results.

Flight attendants continue to sit shoulder to shoulder in jump seats and use the same lavatories as passengers. Some say that even on mostly empty flights, they have not been allowed to sit in passenger seats to distance themselves from one another. In medical emergencies, they continue to act as first responders without any personal protective equipment. "I have cried every time I am on my way to the airport to start my trip," one flight attendant tells TIME, saying her biggest fear is contracting the virus from her colleagues.

Faced with a massive drop in passengers, airlines have acted with increasing urgency to reassure customers they are making necessary changes to keep air travel safe. Many, including American Airlines and Southwest, have eliminated food and drink services on most or all flights to limit exposure. Several say they are doing their best to provide flight attendants with adequate protection in the middle of a nationwide shortage. On March 15, JetBlue announced that it would pay up to an additional 14 days of sick time for any crew member who is diagnosed with COVID-19 or instructed by the airline or a doctor to self-quarantine. "U.S. carriers have closely followed and complied with all health and safety rules, as well as CDC and FAA guidance provided to airlines for passengers and crew," said Airlines for America, an industry trade group that represents major U.S. carriers.

The flight attendants who spoke with TIME requested anonymity, saying that violating airline rules against speaking to the press could get them fired. Increasingly, that seems a risk worth taking. The attendants acknowledge their employers' dire situation—airlines stand to lose up to $252 billion in revenue this year—but some say they are worried enough to hope the shutdowns reach the airlines, even if it endangers their jobs. Until then, many will keep flying. "Guess no one can see the fear behind the masks," one flight attendant joked darkly. "That's a plus."

LAURA MULVEY

EMERGENCY PHYSICIAN

Brooklyn

In early March, I worked a couple of critical-care shifts in which I intubated eight likely COVID patients in two days. Intubation is probably the most dangerous thing. Three days later, I was hanging out at home on my day off, and I just got sick. I had fever and joint pain and a little bit of a sore throat. I was O.K. for a couple of days, and then shortness of breath like I never had before set in. By day four, I couldn't hold a conversation without coughing and getting really short of breath. My friend, a doctor, picked me up in full PPE in her car, and we drove to the hospital with the windows down. The hospital has this super-eerie feeling—all these elderly people on ventilators, totally alone. The hardest part is not being able to breathe. But also, the unknown. Knowing that I had probably taken a bigger viral-load hit with all the intubations, that reality is just terrifying. And you're sitting there, and there's nothing you can do. It's hard to sit in a room alone and not really know which way you're going to go.
—As told to Tara Law

Mulvey, behind glass, in her isolation unit in the ICU at Brooklyn's Maimonides Medical Center on March 26

PHOTOGRAPH BY BENJAMIN NORMAN FOR TIME

CHEN FU

HOSPITALIST

New York City

Something that I didn't expect would be unique in this experience is being an Asian-American doctor in the midst of this crisis. The other day in the subway, one of the passengers started screaming racial slurs at me. I was dressed in scrubs, and it was pretty clear that I was on my way to the hospital. Luckily, somebody stepped in and just sort of pushed him away, and said, "No. You can't do this." Every night, I sit and listen as people across New York City cheer the health care workers. At the same time, I read the news about how people of my ilk are experiencing tensions that they haven't experienced in modern history. It's really strange being both celebrated and villainized at the same time. It's tough to reconcile. *—As told to Diane Tsai*

DR. AMY ACTON

DIRECTOR OF OHIO'S DEPT. OF HEALTH

'This is one of those times we will all talk about when we're old. I'm an ordinary person. So if I can be doing something extraordinary-seeming, every one of you can.'

—As told to Abby Vesoulis

COURTESY SALAM KHASHAN

SALAM KHASHAN

DOCTOR

Gaza City

There are only two ways out of the Gaza Strip: through the Erez crossing into Israel, or through the Rafah crossing into Egypt. The coronavirus can only enter with travelers. So in that sense, we're lucky. For the first time in our lives, the 13-year Israeli-Egyptian blockade of Gaza gives us an advantage. But the blockade also makes social distancing difficult. People here are living hand to mouth, and they need to work for their families to eat. If they stay at home, maybe they can escape the coronavirus, but they cannot escape poverty and the lack of food. We don't have enough hospitals or ICU beds or ventilators. If we have positive cases in the community, it will be a disaster. *—As told to Joseph Hincks*

ELIZABETH ADAIR

GROCERY CLERK

Arkadelphia, Ark.

My manager handed me a sheet of card stock yesterday during my shift that said "Essential Worker: Grocery Store," just in case we get put on a stay-at-home order. I've never been so afraid of having to show someone a piece of paper. The scariest thing about all of this is the fact that there is no end in sight. It would be so much easier if I could reassure my panicking cashiers with, "It's going to be O.K., only one more month and everything will be back to normal." But I don't know that. I don't think things will ever be back to normal.

DISPATCH

A SHIFT WITH MEDIC 61

By Charlotte Alter / Yonkers, N.Y.

ALANNA BADGLEY WAKES UP WITH A SENSE OF doom. Her alarm goes off at 4:45 a.m., but she lies there breathing until 5:15: in through her nose, and out through her mouth. Then she throws off the covers, splashes some water on her face, brushes her teeth and puts on her uniform.

The Westchester County, New York, paramedic normally has an Eggo waffle with peanut butter and Nutella for breakfast, but lately she's too nervous to eat. Her boyfriend, Rudy Green, has packed her a jar of cut fruit and a Ziploc baggie of veggies, which is pretty much all she can stomach these days. Badgley stuffs it into her JanSport backpack and walks to the Empress Emergency Medical Services base in Yonkers, N.Y., clocking in just before 6 a.m. on April 1.

She checks her gear: intubation kits, an oxygen pressure mask, an alternative airway device. She's been wearing the same N95 mask for two weeks. Someone squawks over the loudspeaker, calling for Medic 61. "That's me," she says.

Badgley, 28, is small and sharp, with the quick, sure movements of a paramedic who knows exactly what she's doing. She responds to 911 calls with emergency medical technicians (EMTs) but typically gets the cases that require advanced medical help. Lately, that means patients with COVID-19. She can do much of what ER doctors do, often in less optimal conditions. She's dug through hoarders' homes to reach her patients, responded to car accidents and sudden births, and once intubated a man while lying on her belly on his bedbug-infested carpet.

Paramedics like Badgley are now the first line of defense in a global pandemic, and Westchester County has been one of the nation's hardest hit. But with doctors overwhelmed and hospitals forbidding visitors, paramedics like Badgley are also taking on an additional role: they are often the first medical professional seen by patients in distress and the last one seen in person by their families.

It's often up to Badgley to tell patients' families that they can't ride in the ambulance and can't come to the hospital. She stands there as they slowly realize that her arrival could mean a permanent goodbye. Badgley tries to make up for it in the ambulance. She holds patients' hands, rubs their backs and provides the one-on-one comfort she knows they're unlikely to get at crowded hospitals. "I'm there to talk to them," she says, "and to provide some level of empathy and humanity in the moment in which they are truly terrified."

THE FIRST CALL of the day comes in at 6:58 a.m.: a car accident on the Sprain Brook Parkway. At 7:28, the radio squawks again. This time the dispatcher says, "Screening positive": the patient is exhibiting symptoms of COVID-19. As Badgley puts on her siren, she hears a second, separate call coming in for "30 Alpha 2"—Green's identifier. She smiles when she hears it: the paramedic version of running into your boyfriend at the office.

Badgley and Green met on the job three years ago. For the past three weeks, they've spent most of their working hours responding to 911 calls about COVID-19. Nine co-workers have tested positive, she says. Many others have called out sick but haven't been officially diagnosed. At this point, Badgley and Green figure they both have the virus already, and if they don't, they will soon. "We had a conversation about 'How would you want to be buried? Do you want to be cremated?'" she recalls. She told Green she'd like to be buried under a tree in a biodegradable bag.

At 7:41, Badgley arrives at a brick apartment building across from a boarded-up church in north Yonkers. She puts on goggles and her N95 mask, hooks her surgical mask over her ears, grabs her big blue bag and heads inside. The patient is a woman in her 70s who speaks only Spanish. She has severe abdominal pain, a high fever and low oxygen levels. As the EMTs get her onto the stretcher, Badgley sees the Spanish-language news channel airing footage of paramedics responding to COVID patients.

An hour later, there's another squawk over the radio: a patient at a nursing home. "Screening positive." It's a woman in a green top, moaning and nearly unconscious, her lips and fingers blue. "Can you tell me your name?" Badgley asks. "Can you tell me where you are?" The only sound from the woman is a groan. She needs to be intubated, but it won't be easy to do here. An intubation is an aerosolizing procedure, which means it sprays tiny virus-laden particles into the air. You'd want to wear a Tyvek suit and face shield for a procedure like that.

Instead, Badgley gives the patient nasal oxygen as she wheels her to the ambulance and then an oxygen mask once they get inside. As her oxygen levels rise, the woman improves enough to mumble her name. "Hold my hand, hold my hand, hold my hand," Badgley says. "It's O.K."

At 10:05, another radio call: "Patient screening positive." When Badgley arrives at the cream-and-yellow house, there's a tree blossoming outside. The

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PARAMEDIC

PARAMEDIC AT DAWN

Badgley checks her medical gear before her shift begins at 6 a.m. on April 1

PHOTOGRAPHS BY LAUREN LANCASTER FOR TIME

patient has a fever, shortness of breath and chest pain. "Straight-up COVID," Badgley says. He's conscious, and strong enough to walk slowly to the ambulance with a pulse oximeter attached to his finger to see if his oxygen level drops as he walks. (It does.) His cough sounds like a barking seal.

Radio call at 10:57: "Screening inconclusive." It's an older man who fell and injured his arm after feeling weak and dizzy. "But why was he weak?" Badgley asks rhetorically. Probably COVID. At 11:58: "Screening positive," an unresponsive patient in Mount Vernon.

By the end of her shift at 6 p.m., Badgley will have taken 11 calls, nine of them for suspected coronavirus patients. The patients are middle-aged and old, black and white, living in places from Victorian houses to nursing homes. Most have fever and shortness of breath, but the symptoms can vary. Badgley has noticed only one common thread: "The identifying feature is fear."

THE STARTING SALARY for EMTs in Badgley's unit is $15 an hour. As a paramedic, she has more medical training, so she makes $27 an hour, which with her schedule comes out to about $50,000 per year. "Firefighters make a lot more than us, police officers make a lot more than us, nurses make a lot more than us," she says. Since January, Badgley has been the president of IAEP Local 20, her chapter of the International Association of EMTs and Paramedics. As president, she fields questions from union members about what will happen if they die. Am I at least going to be considered a line-of-duty death? they ask her. Am I at least going to go down as a hero?

EMTs and paramedics are trained to respond fearlessly to scenes of sudden catastrophe. They're prepared for emergencies, but emergencies don't usually last this long. It's upended Badgley's sense of space and time. "In some ways you're looking into the future," Badgley explains. In the scenes of devastation in Italy and China, "you can see where we're headed," she says. "But in some ways, because of the lag of the data in the testing, you're also looking into the past."

The patients she treats today were likely infected a week ago. Next week she'll respond to calls for patients infected today. Fighting COVID is like racing toward a star that may have burned out centuries ago but whose light is only just now reaching the eye.

WHEN SHE NEEDS to take a bathroom break, Badgley goes into St. Joseph's Medical Center in Yonkers. The reception area is crowded with gurneys, and she has to maneuver around people lying on beds in the halls. On her way to the restroom, she runs into a friend, an orderly who is tasked with putting the dead into body bags. They had both been planning vacations in Jamaica. Instead, they are doing this.

Another call comes through at 2:42 p.m., for a man with difficulty breathing: "Screening positive." Badgley hangs her head, takes a deep breath and turns on her siren. At 2:46, she arrives at a brick apartment building. The patient is a 45-year-old man with a high fever and chest pain. He can't walk from one room to another without getting winded. He has no appetite and can't keep food down. He tested positive for COVID, he says. His wife has symptoms too.

"I know you're in a lot of pain, O.K.? But the most important thing is just try to focus on breathing," Badgley tells him. "Slowly in through your nose, slowly out through your mouth, O.K.?"

While the EMTs get the man onto the stretcher, his wife pulls Badgley aside. "Please, I want him to be O.K.," she says. He has already been to St. Joseph's and doesn't want to be sent back. They want him to go to a hospital in the Bronx. But Badgley's team is only authorized to take him to an in-county hospital.

"Please don't let him die," the woman says.

"We won't let him die in our ambulance," Badgley says. Can she guarantee that? Of course she can't.

This is the worst part. Before coronavirus, she could take a family member in the ambulance or tell them to meet the patient at the hospital. She'd know that the family would get to sit by the bedside and direct their questions to the doctor. Now she's not only treating the patient but managing a goodbye.

REGENCY
DIALYSIS CENTE
EMS
FDC

SCREENING POSITIVE

Of Badgley's 11 patients on April 1, nine were likely sick with COVID-19

The woman is crying as the EMTs are wheeling her husband away. “I’ll pray for you,” Badgley says. “You pray for you. And breathe.” Normally, she would hug the woman, but hugs aren’t allowed anymore. Instead, Badgley grips both of the woman’s hands in her gloved fingers. The woman is melting in panic. Badgley knows she is realizing this may be the last time she sees her husband.

“You breathe, he breathes, everybody focuses on breathing, O.K.?” Badgley says. The woman tries. “There you go. Exactly,” Badgley says. “This is the most important time to focus on breathing. O.K.? All right. That’s the first thing. Breathing.”

Breathing, Badgley thinks, is the beginning of it all. The very first thing any of us ever did in our life was breathe. The woman calms down as she takes in air. The patient is already downstairs at the ambulance with the EMTs. Badgley grabs her bag and heads to the elevator. The doors close, and Badgley stands there in silence, wearing her two-week-old mask after her ninth coronavirus patient of the day. She has two hours left on her shift. Tomorrow she will come back to work and put on the same mask. She will lose two patients that shift, dead before they even make it to the ambulance. But she doesn’t know that yet. For now, she’s just focused on breathing: in through her nose, and out through her mouth. ☐

TOP RIGHT: COURTESY VANESSA

STANLEY BERRY

DOCTOR

Detroit

I was planning to retire soon, but Michigan needed physicians willing to volunteer to treat COVID-19 patients. A number of my friends have tried to discourage me because I’m 66. My rejoinder is, “What if your wife had to go to the hospital? You’d want someone to take care of her.” I didn’t take this decision lightly. This could be the last thing I do on earth, if I get placed in the ER, but I felt very strongly about it. The bravest people I knew in my lifetime—Medgar Evers, Malcolm X and Martin Luther King Jr.—all knew they were going to die. They went ahead and did it anyway. I don’t want to die, and I’m not in this to be a hero, but medicine’s been good to me and the city of Detroit’s been good to me, and we’re being clobbered right now. *—As told to Jamie Ducharme*

FRIEDA FAIRMAN

RESPIRATORY THERAPIST

Seattle

‘My son wants to come up to me and give me a hug, but he’s been better about it in the past couple of weeks. I’m like, “Hold on. I’m not clean.”’

—As told to Abigail Abrams

VANESSA

HOSPITAL CLEANER

Pennsylvania

We clean patients’ rooms top to bottom: mop the walls, mop the floors, every single inch of everything in those rooms gets cleaned. We throw out anything that’s disposable, even the rags. We only have one respirator mask for each of us, and we spray it after we’re done to reuse it. I am thankful for the doctors and nurses putting their lives at risk, but us housekeepers, we take risks too. And no one ever mentions the people that clean up after they’re gone. *—As told to J.D.*

DENNIS CANALE

PHYSICIAN’S ASSISTANT AND POLICE OFFICER

Staten Island, N.Y.

Some people came through [the drive-through testing site] and you could tell they were really sick. I watched one lady pull up, and she saw us come to the car all dressed up, and she just started crying. It looks like a horror movie. How scary and how unsettling it is to have to go through this—to be driving through a tent, seeing people dressed up, coming at you for swabbing, and wondering, “What’s going to happen to me?” *—As told to Paul Moakley*

LAURIE HALBROOK

REGISTERED NURSE

New Orleans

A few weeks ago, I found out someone who I work closely with tested positive for COVID-19. A little while later, I spiked a fever. I went home and quarantined myself in half of our family's house. I really thought I had it. I sat there and thought, Maybe I need to work on my will. My test came back negative that time, but I am preparing to quarantine myself again, which is not easy because I have a 3-year-old and an 18-month-old. I learned from my first time in self-quarantine that in a way, it's nice being close. I can hear my kids' little footsteps. I can recognize which child it is by the sounds of their feet. But it's also hard because I can hear them cry and I want to hold them. I can hear them testing the lock on the door, and it just breaks my heart. They have a routine; they're used to me putting them to bed and reading them stories. Last night, I was trying to explain to my 3-year-old what coronavirus is and why I had to stay by myself. I said, "You know there's a big germ that's out there that's hurting a lot of people, and even though I want to snuggle with you more than anything in this whole wide world, Mommy can't sleep with you. I need to stay away to keep you safe." *—As told to Katy Reckdahl*

Halbrook at home in New Orleans with her husband Mickey Harrison and their sons Michael, left, and Jack

PHOTOGRAPH BY KATHLEEN FLYNN FOR TIME

WILLY SOLIS

GROCERY DELIVERER

Denton, Texas

I'm immunocompromised, so I have to take extra measures to protect myself, my family members and my customers. We've asked for hazard pay, but we're classified as independent contractors, so we don't get anything—not health insurance or sick leave or any extra compensation. Sometimes, you make less than minimum wage. But at the end of the day, I have to pay bills. So I still have to get out there. *—As told to Abby Vesoulis*

PRINCE PAUL BUTAU

DOCTOR

Harare, Zimbabwe

'I fear it will be even worse here. I am afraid we will become the next example of just how bad an outbreak can be.'

—As told to Aryn Baker

DANI IBARRA-RAMIREZ

EMERGENCY NURSE

Chicago

I'm not going to lie: when the quarantine order first went into effect in Illinois, there was a moment I was lying on my couch and I had crippling anxiety. I could not move. But most of the time, I feel like this is my duty. I signed up for the unknown. As scary as this is, other people are relying on us. *—As told to Jamie Ducharme*

FRANCESCO MENCHISE

ANESTHESIOLOGIST

Ravenna, Italy

I work in an ICU with 16 beds—all COVID-19. We are used to being under pressure, but we have never been under as much pressure as we are now. I perform intubation operations, so I wear this protective gear. More than 50% of those intubated don't make it, and it can be painful. My personal therapy is cooking. Every Italian is cooking more, and those who didn't before do now. We've all become 100% Italian again. —*As told to Francesca Berardi*

PHOTOGRAPH BY LORENZO MELONI FOR TIME

DISPATCH

THE MAN MAKING HOSPITALS

By W.J. Hennigan

THE ARCHITECT

Semonite leads an April 3 meeting at the Army Corps' Washington, D.C., headquarters

ON A RECENT MORNING IN WASHINGTON, D.C., A group of camouflage-clad men in black leather chairs gather around a table inside the U.S. Army Corps of Engineers headquarters, staring at a video display. The screen flicks to a map showing the latest modeling of the coronavirus's spread through the U.S. An orange-and-white blob swallows the Boston region whole. "Wow," says Lieut. General Todd Semonite, the Army Corps' commander. His eyes widen. "We'd better stay on top of that."

In March, Semonite was two months from retirement, looking forward to retreating to his home woodworking shop. Now he's the architect of a nationwide plan to build thousands of emergency hospital beds in states with critical shortages, converting convention centers, sports arenas and college dormitories into makeshift hospitals as the U.S. braces for the virus's deadly peak.

The corps already has 17 construction contracts to add more than 15,500 beds across several states, and Semonite expects more are on the way. The federal agency, which is run by the military and employs a mostly civilian workforce, has inspected 834 facilities across the country to determine whether the buildings there can also be renovated. The maps Semonite reviews each morning give him a good idea of where his troops' services may be needed next. "We can click on a state, and we can understand what the bed requirements are, what the beds available are," he says.

NOT EVERY GOVERNOR embraces the dystopian optics of flagship buildings being converted into cavernous rooms full of white beds and oxygen lines. But time is running out, Semonite says; constructing a hospital can take weeks. He has dispatched engineers to talk to state and city leaders across the country about their options—and to warn them that being a day or two behind the curve could be too late. "We've got to be smart enough to anticipate the need," Semonite says. "We want to stay ahead of this and present these mayors and governors with their best options."

The first public call for the Army Corps' help came on March 15, when New York Governor Andrew Cuomo asked President Donald Trump to mobilize the agency. Briefed on the city's fast-growing caseload and shortage of beds, Semonite's team knew they needed to act fast. On the 90-minute flight home to Washington from New York, he and his engineers decided not to set up temporary field hospitals, as they'd done in the past. Instead, they would convert buildings that were already outfitted with electricity, water and waste lines, and elevators into hospitals. "I couldn't just pull a plan off the shelf to deal with this situation," Semonite says.

Cuomo offered up the Javits Center in New York City, and a 2,600-bed facility was completed in the building about a week later. In Chicago, Semonite's teams are now converting McCormick Place, North America's largest convention center, into a 3,000-bed facility for COVID patients. In Seattle, CenturyLink Field, home of the NFL's Seahawks, will hold a 250-bed hospital. In Detroit, the TCF Center, which was supposed to be hosting the city's auto show, will instead house a 1,000-bed field hospital.

Meanwhile, any discussion of Semonite's retirement is over—at least for the foreseeable future. Instead of attending send-offs, Semonite is working 15-hour days and appearing on the nightly news. And he is fine with that. "The President and Secretary of Defense will tell me where they want me to go and what they want me to do," he says. "My job is to keep driving on."

MENCHISE: MAGNUM PHOTOS; SEMONITE: RAY WHITEHOUSE FOR TIME

MICHAEL FOWLER

CORONER

Dougherty County, Georgia

It started with a couple of funerals. Then those individuals who attended the funerals went back into their neighborhoods, homes and churches, and more people were infected. It spread like wildfire. When people started dying, it hit like a bomb. Within a week, three people died in one day. Bam, bam, bam. All three had the same symptoms, so we had them tested and all came back positive. Ever since that day, every day there's someone dying with this virus. I'm getting called different times of the night to go out and work a case, to try to figure out what happened prior to that person dying. Did the person have a fever? Were they coughing? Were they aching? Were they having difficulty breathing? A tornado you can brace for, get to shelter. A flood you can get on higher ground. But a disaster like this, it's different. It's hidden. You don't know if you're stepping on the virus, if you're touching a door handle that someone touched that coughed in their hand. You just don't know, and that's what makes it so bad.
—As told to Lissandra Villa

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Fowler at Riverside Cemetery in Albany, Ga., on April 5. Dougherty County had the most coronavirus-related deaths in the state as of April 8

PHOTOGRAPH BY CHRISTOPHER MORRIS FOR TIME

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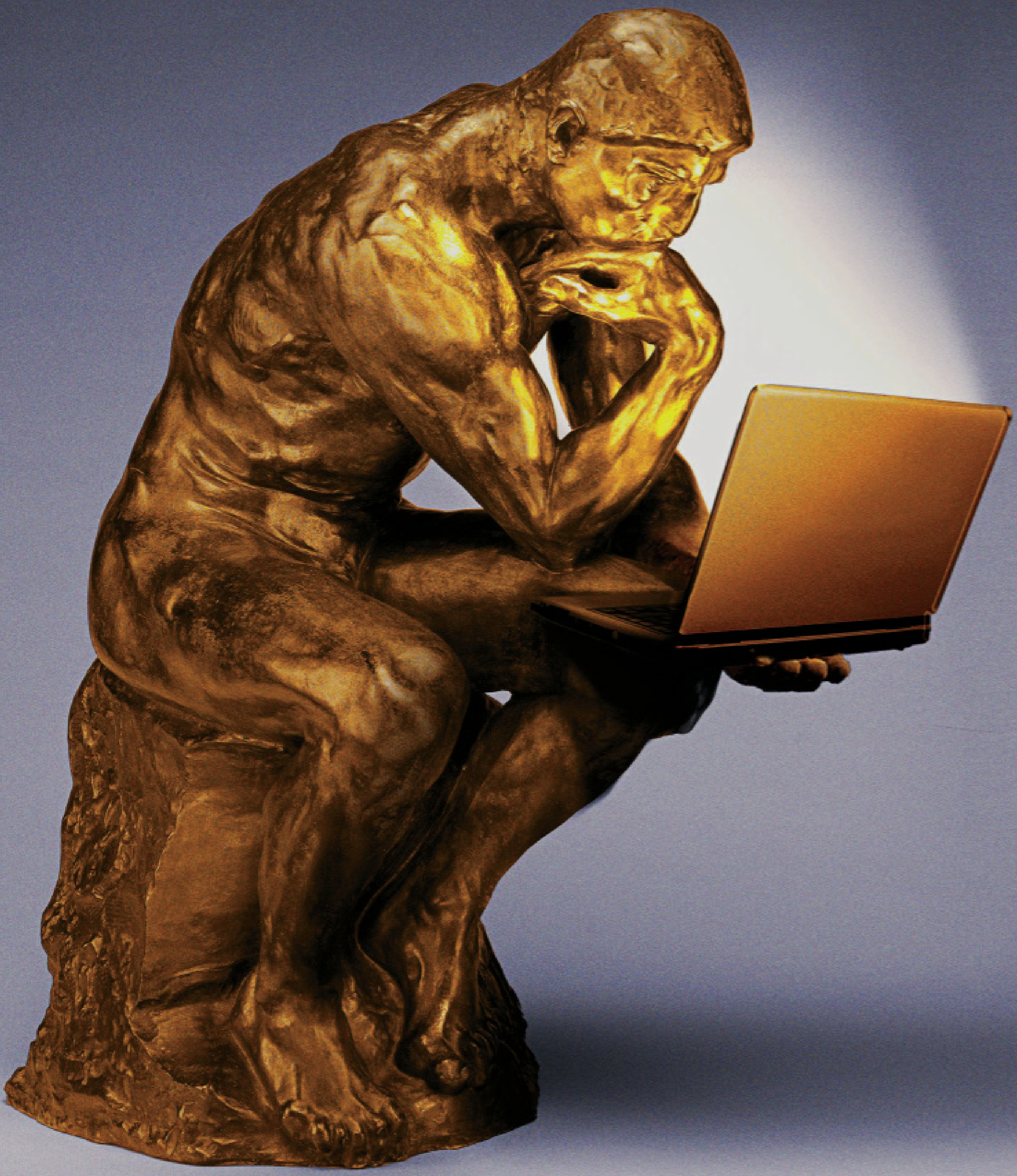
LIVE FROM EVERYWHERE
As Americans stay home, livestreaming has become the medium of the moment



INSIDE

THE FEMINIST MOVEMENT RISES IN HULU'S MRS. AMERICA

A NEW DRAMA FROM THE CREATOR OF DOWNTON ABBEY

LOIS LOWRY GETS GRILLED—BY A 10-YEAR-OLD REPORTER

ILLUSTRATION BY NICOLÁS ORTEGA FOR TIME

ESSAY

Welcome to the golden era of livestreaming

By Judy Berman

On a recent Saturday night, hip-hop eminence Derrick "D-Nice" Jones threw a dance party for 100,000 with attendees including Michelle Obama, Mark Zuckerberg, Drake, J. Lo, Rihanna and both finalists for the Democratic presidential nomination. In an interview with *CBS This Morning*'s Gayle King the following Monday, D-Nice confirmed his plans to keep the party going as long as possible. And he has. But before you cancel the DJ, rapper and producer for creating the world's most distinguished COVID-19 cluster, I should mention that the gatherings—dubbed "Homeschool at Club Quarantine"—have taken place exclusively on Instagram Live. The host, ensconced in his kitchen alone, is practicing social distancing.

This is live entertainment in the coronavirus era, when theaters, concert halls, museums, sports stadiums and nightclubs are closed; music, comedy and book tours are canceled; and non-news TV production has ground to a halt. Within the first two weeks of March, Americans saw so many of the institutions that kept us amused, informed and intellectually stimulated during past national crises shut down. It may be negligible in comparison with the plight of those who are feeling the effects of COVID-19 firsthand, or even the sadness the healthy among us feel at being separated from loved ones, but the loss of both the physical public square and platforms like daily talk shows is also tragic. That's why it's been so encouraging to see artists and entertainers from across the culture use DIY methods of communication to fill that void. After years of puzzling over Gen Z's love of YouTube stars and livestreamers, the over-30 set isn't just starting to understand the appeal of these platforms. Suddenly, we're relying on them to stay sane.

In the weeks since late-night hosts sent staffers home to self-isolate, Stephen Colbert has brought us such welcome distractions as the abbreviated, solo "Lather Show" (from his tub) and "The Flame Show with Stephen Colburn" (at the fire pit on his patio) featuring a video-chat performance from *Late Show* bandleader Jon Batiste. In mini-episodes filmed at home with his wife behind the camera, Jimmy Fallon has been leading split-screen conversations with stars like Jennifer Garner and Lin-Manuel Miranda; Fallon's two young, joyfully disruptive daughters have become America's sweethearts. Trevor Noah has *The Daily Social Distancing Show,* while Samantha Bee enlisted her husband and kids to shoot *Full Frontal* from their rural backyard. *A Little Late* host and YouTube native Lilly Singh is off the air but back to her 15 million subscribers with pandemic-related comedy skits and Instagram Live chats. And so on.

Daytime talk-show hosts have followed suit: Ellen DeGeneres has been posting phone calls with friends such as Mrs. Obama and Jennifer Aniston on her Twitter account. *The View* often looks like *The Brady Bunch* intro now, a grid of faces with Whoopi, Joy and a newly pregnant Meghan McCain logging on live from their respective homes. One of that show's alumnae, Rosie O'Donnell, raised $600,000 for the Actors Fund with a one-night-only revival of *The Rosie O'Donnell Show* "from the comfort of my garage-slash-art-studio." (Parents who've been entertaining young kids at home must have felt a pang of recognition upon spotting the signs of family craft projects in the background.)

The crisis has even brought Oprah back on a daily basis, from her home, in a free Apple TV series called *Oprah Talks COVID-19;* the first episode consisted of a FaceTime chat with Idris Elba and his wife Sabrina Dhowre, who both tested positive for coronavirus, the host's laptop propped up on a stack of books. Never mind that Oprah's couch is approximately the size of my apartment. When was the last time a billionaire looked so relatable?

It's been especially heartening to see artists who, like D-Nice, have scrambled to create something entirely new. Publishing site Literary Hub has launched the Virtual Book Channel, whose Vimeo-based shows offer the kind of readings and author interviews bookstores across the country have had to cancel. Death Cab for Cutie front man Ben Gibbard livestreamed 13 consecutive daily performances on YouTube to benefit various charities. Museum of Modern Art satellite PS1 took its annual Come Together music festival virtual, with 12 hours of talks, DJ sets and screenings.

From Bernie Sanders hosting a YouTube livestream on the coronavirus response to Padma Lakshmi leading cooking tutorials on Instagram to megachurches shifting services to YouTube and Facebook Live, there's a DIY COVID-19 video for every political alignment and cultural niche. A homespun microgenre of coronavirus-themed parody song has emerged, with the reliably profane Liam Gallagher transforming his old Oasis hits into "Wonderwash" and "Champagne Soapernova"; boomers who can't wrap their minds around social distancing should find the Twitter

QUICK PICKS

What to watch

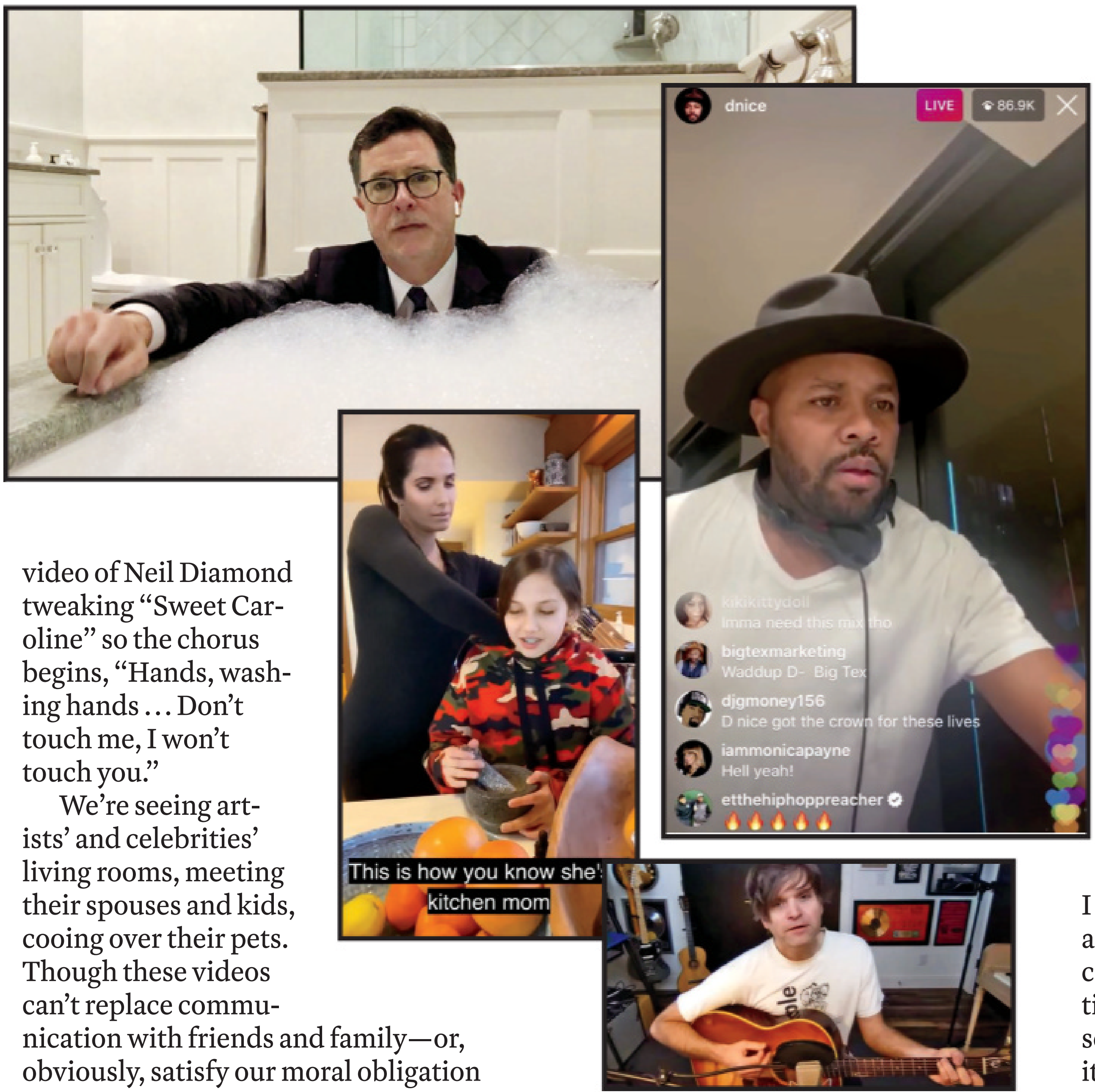
Some Good News with John Krasinski
In this YouTube talk show, the *Office* star and *A Quiet Place* auteur offers good news from around the world

Virtual Book Channel
Literary Hub hosts a slew of book-oriented video content, from author interviews to livestreamed readings

@thisispattismith on Instagram
The Godmother of Punk presents literary readings, reminiscences and periodic livestreamed performances

Goodnight with Dolly
On Thursdays at 7 p.m. E.T. on YouTube, national treasure Dolly Parton reads the children of America a bedtime story

COLBERT: CBS; GIBBARD: YOUTUBE; LAKSHMI, D-NICE: INSTAGRAM



kikikittydoll
Imma need this mix tho

bigtexmarketing
Waddup D- Big Tex

djgmoney156
D nice got the crown for these lives

iammonicapayne
Hell yeah!

etthehiphoppreacher
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This is how you know she'
kitchen mom

Clockwise from top left: Colbert's "Lather Show"; D-Nice spins on Instagram; Gibbard serenades YouTube; and Lakshmi cooks with daughter Krishna

video of Neil Diamond tweaking "Sweet Caroline" so the chorus begins, "Hands, washing hands . . . Don't touch me, I won't touch you."

We're seeing artists' and celebrities' living rooms, meeting their spouses and kids, cooing over their pets. Though these videos can't replace communication with friends and family—or, obviously, satisfy our moral obligation to help coronavirus patients, health care workers and those in our communities who've lost their jobs—there's a sense that if we're all self-quarantining at home, then we're all in this together. (Fox tried to translate that sentiment into an old-school TV fundraiser with its iHeart Living Room Concert for America on March 29, but not even Elton John, Mariah Carey and Billie Eilish could match the spontaneous energy of the show's shaggier competitors.)

Whether we realize it or not, I think a lot of us are finding the same sustenance in these rough dispatches that teens get from YouTube vloggers, TikTok dancers and social-media influencers of all stripes. Why, we've spent years wondering, would you watch a spoiled 15-year-old with no discernible talent try on every item of clothing she's ever ordered on the Internet when you could be bingeing *The Sopranos*? Why listen to some basement dweller warble over canned beats when practically the entire history of recorded music is available to stream?

What we forget is that young people are often looking for something the professional, adult-dominated entertainment industry can't offer. It's something past generations found in the crude mediums of punk music or zines or early Internet message boards: intimacy. Even for kids with busy social lives and supportive families, adolescence can be horribly lonely. Maybe it's not the content of haul videos or live gaming streams that has them hooked; maybe it's the sense of community and personal connection these lo-fi videos create.

AFTER THREE WEEKS AWAY from almost everyone I care about, I've begun to remember what profound isolation—whether physical or psychological—can feel like. That certainly explains why, though I used to hate using video-chat apps, I recently spent 90 minutes on Zoom with friends self-quarantining in Australia and "met" an old pal's newborn baby on FaceTime. But it's also why I tuned in to a recent Instagram performance by rock icon Patti Smith and her musician daughter Jesse Paris Smith. Amid songs, poetry and pep talks, they revealed that they were broadcasting from a smartphone propped up on containers of instant oatmeal and aloe vera juice. As cool as it was to see one of my favorite artists play a live show at a time when in-person concerts are impossible, what really comforted me was the sight of someone I respect hunkering down with family and taking time to check in with fans. In contrast to Gal Gadot's video of celebrities singing "Imagine," Smith's gesture seemed to come out of humility, generosity and respect for her fellow citizens.

The over-30 set isn't just discovering the appeal of these platforms—we're relying on them to stay sane

Millions of us are suddenly becoming immersed in this social-video ecosystem to an extent that we've never been before. We're not just occasionally posting a viral clip on our platform of choice; we're getting emotionally invested in this stuff, because it's the closest thing we have to live or even daily entertainment. And we need those things—those culture-wide conversations, songs and jokes, that shared mourning for those we've lost—so that we never forget we're living in a society, especially at a time when it's crucial that we all do our part to keep each other safe.

There's no guarantee that mainstream pop culture's new DIY spirit will endure once coronavirus goes the way of H1N1. But either way, it won't be long before Gen Z reaches an age when their sensibilities start shaping the entertainment industry proper. For them, YouTube, Twitch and TikTok will always be part of a standard creative toolbox. The inevitability of this generational shift used to terrify me—a luxurious fear compared with what's weighing on our minds these days, I know. But now that I finally get it, I'm curious to like, subscribe and see what happens next. □

Schlafly (Blanchett), who authored 20 books, described herself as a housewife

REVIEW

An all-star cast revisits the end of an ERA

By Judy Berman

CATE BLANCHETT MAKES HER GRAND ENTRANCE AS THE star of *Mrs. America* wearing an American-flag bikini, heels and a smile. It's 1971, and her character is onstage at a fundraiser. But when she turns away from the audience, Blanchett looks bored. She has ambitions beyond her prescribed role. And by the end of this decade-spanning miniseries, she's an unstoppable force in American politics.

Her story has the arc of a classic female-empowerment narrative, but Blanchett's character happens to be Phyllis Schlafly, whose biggest achievement was squashing the Equal Rights Amendment. This irony, which suffuses the exceptional nine-part series, wasn't lost on Schlafly's enemies in the women's movement, and the show is about them—Gloria Steinem, Shirley Chisholm, Betty Friedan, Bella Abzug—as much as it is about her. Each episode complicates ongoing dilemmas, braiding the rise of Schlafly, the self-appointed voice, face and brains of Stop ERA, with the fall of a relatively diverse feminist coalition aimed at giving all women a say.

Creator Dahvi Waller joins them at the height of their power. The first black woman elected to Congress, Chisholm (a righteous, riveting Uzo Aduba) is mounting an underdog campaign in the 1972 Democratic presidential primary. Abzug (Margo Martindale, all hardiness and heart) is her new ally in the House. Steinem (an understated Rose Byrne) is launching *Ms.*—and becoming the face of pop feminism; Friedan (Tracey Ullman, balancing egotism with sadness), still dining out on *The Feminine Mystique,* openly resents her. Thanks largely to their work, feminists will see their biggest victory since suffrage with *Roe v. Wade* in 1973.

Byrne, as Steinem, navigates the contradictions of being a feminist famous in part for her beauty

But this isn't a commercial for the second wave. Waller is fascinated by the issues that divide its leaders. White, straight, middle-class women routinely marginalize black, queer and poor women. The show minimizes tokenism through smartly cast secondary characters, from intersectional hero Flo Kennedy (Niecy Nash) to Republican feminist Jill Ruckelshaus (Elizabeth Banks).

***MRS. AMERICA* POSITIONS** feminism as a movement that epitomizes democracy. Its leaders quarrel because they share the goal of gender equality, but each has her own idea of what it entails and how to achieve it. Sadly, Waller implies, these good-faith disagreements make them vulnerable to an enemy with Schlafly's preternatural air of authority.

As portrayed by the statuesque Blanchett, she's a woman of great intelligence, poise and ambition but little empathy. Her pivot to antifeminist lightning rod is framed as an effort to bring glory upon her own name more than a reflection of her true convictions. If the feminists represent the idealism and frustrations of democracy, her top-down leadership tends toward fascism.

There's no getting around the rightward pendulum swing of the Reagan '80s—one that has repeated since then, and one Waller wisely portrays as neither a final defeat for the feminists nor an uncomplicated victory for Schlafly. Yet what I took from *Mrs. America,* my favorite new show of the year, is that there's a crucial difference between working solely for your own benefit and organizing an oppressed group of which you're a member. What separates the two is, in fact, the distance between dictatorship and democracy.

MRS. AMERICA *debuts April 15 on Hulu*

MRS. AMERICA (2): FX; BELGRAVIA: EPIX; RUN: HBO

Philip Glenister in Belgravia

REVIEW

Too much period, not enough drama

Sprawling manors. Salty servants. Class strife. Inheritance intrigue. Secret love affairs that yield inconvenient offspring. Dresses with hems as wide as city streets and bonnets to match. Some war raging in the background. These are the ingredients of the British period drama—a staple of the TV-as-comfort-food diet, and thus the kind of entertainment many of us are inhaling in quarantine. *Belgravia,* a six-part miniseries adapted by *Downton Abbey* mastermind Julian Fellowes from his 2016 novel, has every one of these elements. It's just a shame that they combine to make something so bland.

Fellowes opens in Brussels soon before the Battle of Waterloo, where wartime class mobility has facilitated a flirtation between a merchant's daughter and a lord. He's killed in action, she's pregnant by him but dies in childbirth, and her parents arrange to have the baby adopted. Fast-forward 25 years, and the two families are reunited as a dashing young man enters the picture.

While the cast is strong, the plot feels recycled. Both the scripts and John Alexander's direction are terminally airless. With so much time to kill these days, Regency nostalgics might be better off rereading Austen. *—J.B.*

BELGRAVIA *premieres April 12 on Epix*

REVIEW

Lovers on the *Run,* with excess baggage

RUBY IS IN THE MIDST OF THE MOST boring day a person could possibly have in prequarantine America—sitting in a Target parking lot, sulking in the wake of a passive-aggressive phone call with her husband about skipping yoga so she can sign for a delivery—when her life suddenly changes. A text message pops up from someone named Billy: "RUN." Fingers quivering, she replies: "RUN." The same day, after hopping a plane to New York, she catches a cross-country train from Grand Central Station, where a roguish-looking redhead joins her.

It's all so exhilarating to watch that you can easily forget that the commuter hub doesn't even have cross-country trains. Such is the magic of HBO's *Run,* an energetic hybrid of rom-com and action thriller whose half-hour episodes move as swiftly as the vehicle that is their primary setting. Created by actor, director and writer Vicky Jones, with longtime collaborator Phoebe Waller-Bridge as an executive producer, the show shares an emotional palette with *Fleabag* and *Killing Eve;* its primary colors are frustration, regret and desire.

This is where you'd normally get some backstory surrounding Ruby (Merritt Wever, on a roll after *Unbelievable*) and her traveling companion Billy (Domhnall Gleeson at his most charming), but the show works so well only because the characters initially are as mysterious to viewers as they are to each other. We know they're old college flames, though not whether their motives now are romantic. It's also clear that they've been out of touch for years and that "RUN" is their secret signal to drop everything and embark on this adventure. Hints as to what each is running from and what they're hiding from one another trickle out via smartphones, breathless confessions and colorful secondary characters played by Archie Panjabi and guest star Waller-Bridge.

Though it takes place in the present, *Run* has tantalizing overtones of Old Hollywood. An anxious, screwball chemistry flickers between the leads; the train backdrop recalls classics like *North by Northwest* and the original *Murder on the Orient Express.* Yet the engine of this story, propelling it endlessly forward, is something much less glamorous: the pathos of two regular-seeming people with the audacity to blow up their own lives. —J.B.

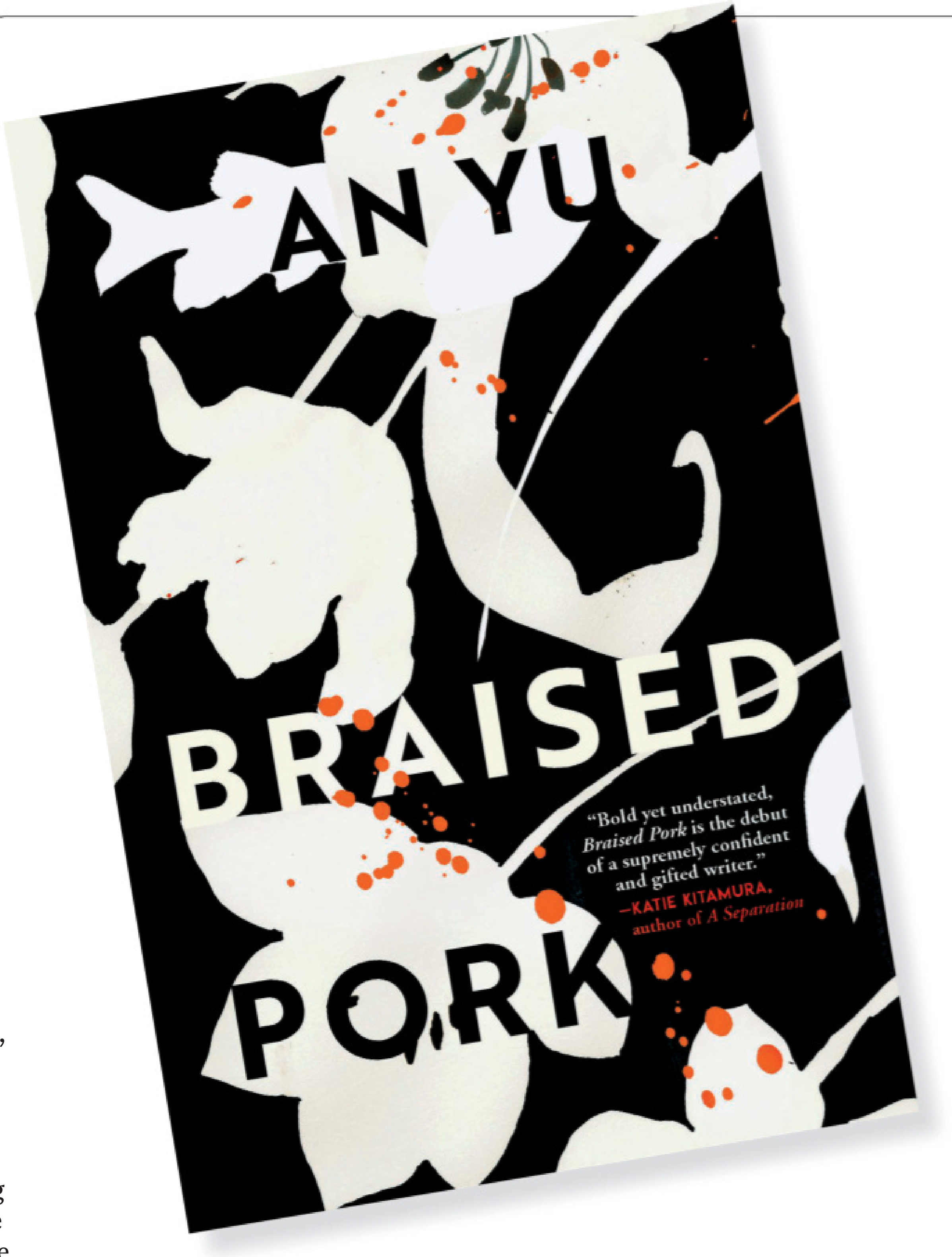
RUN *premieres April 12 on HBO*

Exes on a train: Billy (Gleeson) and Ruby (Wever)

FICTION

A widow with a fish to fry

By Annabel Gutterman


AN YU
BRAISED PORK
"Bold yet understated, *Braised Pork* is the debut of a supremely confident and gifted writer."
—KATIE KITAMURA, author of *A Separation*

A YOUNG WOMAN WALKS INTO THE BATHROOM of her luxurious Beijing apartment with a scarf hugging each shoulder. She plans to ask her husband which he'd prefer she bring on their upcoming vacation, but notices he's facedown in their bathtub. Jokingly, she asks him if he's trying to wash his hair. No answer. She quickly realizes he's not moving and takes his pulse—but he doesn't have one. He's dead.

These first pages of An Yu's eerie debut novel, *Braised Pork,* sound like the beginning of a domestic thriller. There's the dead husband. A fancy apartment. And a wife who reveals that even though she's shocked by the unexpected death, she wasn't happy with her marriage to begin with. Yu writes, "He had betrayed her. Abandoned her. Failed to honour the one thing he had promised her."

But then, as she waits for the ambulance, Jia Jia, the story's privately frustrated protagonist, discovers a sketch of a strange fish-man on a piece of paper left near her bathroom sink. She remembers her husband describing the creature on a trip he took to Tibet—it had shown up in a dream. Jia Jia doesn't know it yet, but the drawing will take her miles from home, changing what she knows to be true about herself. It's this experience that transforms *Braised Pork* into an original and electric narrative—one that doesn't fit neatly into any genre.

As Jia Jia picks up the pieces of her life, she wonders how much of herself she suppressed to make her husband happy. She was once an artist, but her husband discouraged her from pursuing the passion professionally. Now she can explore those desires, though it means she'll be doing so alone. The isolation Jia Jia feels in widowhood clearly isn't new, and is made palpable through Yu's detached, dreamlike prose. While sitting at a restaurant by herself, Jia Jia watches a couple nearby as they talk, then look at their food. "Head down, eyes closed, she listened to their silence and yearned for it to be hers," Yu writes.

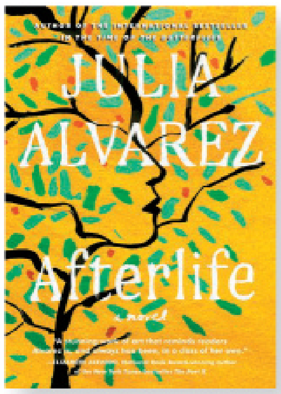
ANOTHER AUTHOR might have chosen to follow a young widow on a journey of finding love after loss. But 28-year-old Yu, who was born and raised in Beijing, smartly decides not to. Instead, she uses 30-something Jia Jia as a way to explore the tensions of contemporary womanhood. Though Jia Jia does want to find love again, that's only a small part of the story; Yu isn't afraid to depict loneliness as a state of being that doesn't need to be solved or changed. As she pivots away from her protagonist's romantic endeavors, Yu leaves room for her to embark on a more material quest: uncovering the meaning behind the sketch she found next to her husband's corpse.

Yu was inspired to write Braised Pork *after having a dream similar to the one Jia Jia's husband had in Tibet*

The drawing of the slithery, perplexing figure haunts the character. Yu's language is sparse yet surreal as she captures Jia Jia's growing compulsion to learn of the sketch's origins, which leads her on a trip to Tibet. There, she's pushed to contemplate why she feels so connected with such a bizarre picture—one that reminds her of the person she is constantly trying to forget.

There are some images that make us so uncomfortable, it's impossible to look away from them. For Jia Jia, it's initially the fish-man, but then she gets stuck on more memories of the past, which interrupt her present. In *Braised Pork,* Yu raises provocative questions about why we get fixated on those moments—and how they might relate to the company we crave.

LOWRY: RANIA MATAR



FICTION

Guests and grief

Antonia Vega is all too familiar with life's curveballs. The retired college professor at the heart of Julia Alvarez's new novel has been experiencing a lot of them lately. First, her husband suffers a fatal aortic aneurysm. Months later, her older sister goes missing. In the days that follow, Antonia discovers an undocumented pregnant teenager sleeping in her garage.

Afterlife, Alvarez's first adult novel in almost 15 years, finds its compassionate but reserved protagonist at a crossroads. She's still not feeling like herself in the wake of her husband's death. So how much is she really able to give to others? The question weighs on her as she decides what to do with her surprise houseguest. Often, Antonia gives in to the grief that gnaws at her throughout her days. She wonders what her husband would make of these messy situations.

Alvarez's tight, accessible language guides us through Antonia's thoughts—and, crucially, the author never condescends in her portrayal of a woman who often gets lost in imagined conversations with her partner. This propels the narrative of *Afterlife,* which asks how we can lift up one another in moments of uncertainty. Though it's fairly obvious why the young woman in Antonia's garage needs her, it's less clear the other way around. But in learning how they can be there for each other, Alvarez crafts a stirring call for empathy. *—A.G.*

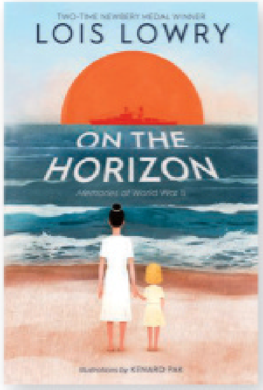
QUICK TALK

Lois Lowry

By Nora Wilson-Hartgrove

TWO-TIME NEWBERY MEDALIST LOIS Lowry has written more than 40 books for children and young adults. Her latest, *On the Horizon,* is a collection of poems reflecting on World War II. Here, Lowry talks with a 10-year-old reporter from TIME for Kids.

Why did you choose to write this story in poems? When I sat down to write about the things in the book, they sort of floated up in my imagination in various images and fragments. It just happened, as if the book told me to write it that way.



As a kid experiencing World War II, were you scared while it happened? I wasn't scared of the war itself because it was taking place on the other side of the world. I know a woman who grew up in Germany and was terrified during the war because bombs were dropping on the field where she would go out to get the cow each night. That's a very different kind of experience from mine, where I was living quite safely in a little town in Pennsylvania.

If you were older and allowed, would you have gone and fought in the war? When World War II happened, a lot of young men enlisted immediately in the military because they wanted to fight against the Japanese, who had bombed us. People feel differently now. I'm something of a coward. But in wartime, people rise above being cowardly. Perhaps if circumstances were very terrible, I would stand up and fight.

When you were young, did you ever imagine you would be an author? I never wanted to be anything other than a writer. I feel very fortunate I was able to grow up to become what I wanted to be.

Lowry is the author of classics like The Giver *and* Number the Stars

6 Questions

Laura Linney The actor on the athletics of a one-woman show, having a child later in life and her one problem with *Hamilton*

When you were first considering the role in *Ozark,* you asked that Wendy be rewritten into a more complex character. How has she become more interesting for you to play? It's a great character, and that's really all because of [showrunner] Chris Mundy and the writers. We all saw that there was potential for the lead character to have a partner who wasn't just a superfluous spouse but someone who could add a dynamic that was not represented otherwise. There's a whole sense of identity about *Ozark*. It asks questions of: Who are you? Who do you want to be? Who were you in the past? Particularly right now, given where we are in our country politically and culturally, we're at a time where we're all, hopefully, being forced to ask some uncomfortable questions.

When you're acting with someone over a period of time, like Jason Bateman, you both have your individual conceptions of your characters. But then there's also the relationship between them. How do you figure out what that looks like? Well, you don't. You let it tell you what it is. You can't be too knowing about stuff. I always feel like if I'm not surprised at least once a day by something, then I'm cutting myself short and I'm depriving the story of a sense of life.

You just finished your run performing *My Name Is Lucy Barton* on Broadway. How did you manage so many consecutive performances of a one-woman show? It's by far the hardest thing I've ever done, hands down. And I don't think I could have done it any other time in my life. It takes knowing yourself, knowing how to take care of yourself to execute something like that over a long period of time. It's weirdly athletic in nature, and a completely unnatural thing to do, to be onstage alone and talk nonstop for 90 minutes.

'WE'RE AT A TIME WHERE WE'RE ALL, HOPEFULLY, BEING FORCED TO ASK SOME UNCOMFORTABLE QUESTIONS'

BRUCE GLIKAS—GETTY IMAGES

You played two people, both Lucy and her mother, and they each go through such different emotions over the course of the show. How do you set yourself up to be able to reach all those levels? That's like a 300-page dissertation. It takes an enormous amount of work. You try and get to know the material very intimately. There is something to be said about just the repetition—you get better the more you do it.

Do you get stage fright? Oh, sure. I get nervous all the time. Absolutely.

I came across something you said about having become a parent later in life—which was also the case in my family. I'd love to hear if your perspective has changed as your son has continued to grow. The basic foundation of my feelings about being a parent later in life certainly have not changed. More than anything, it just deepens. The gratitude I have keeps expanding. And then just like any parent, you want your child to feel loved and safe and prepared.

It makes me want to call my parents. Aw, yeah. There's something about when you have a child later in life, and you've wondered, Why have I not had children up until this point? Why did it not happen? And then you have the child you have. And you realize, Oh, I was meant to have this child. And then it all makes sense.

You played Abigail Adams on an HBO miniseries in 2008. Did you see *Hamilton,* and if so, what did you make of the treatment of John Adams, who really gets the short end of the stick? I did. I had a moment. My lip twitched, I must admit. But I thought it was pretty funny.

—LUCY FELDMAN

HELP
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THE
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